





The
Sick and Wounded



in
South
Africa

W. Burdett-Coutts

'Let us forget'

THE SICK AND WOUNDED

IN

SOUTH AFRICA

WHAT I SAW AND SAID OF THEM
AND OF THE
ARMY MEDICAL SYSTEM

BY
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TO
THE SOLDIERS OF THE QUEEN
AND
BETTER TIMES
THIS RECORD
IS DEDICATED.



P R E F A C E.

THE object of this book, which is published before the issue of the Report of the Hospitals Commission is to place on record in a complete form the case I have brought forward against the medical arrangements in the South African War, which led to the appointment of the Commission. It therefore contains everything I have said or written on the subject in public.

That there is need for such a record has been amply demonstrated for months past by the many misrepresentations which have grown up around my action, and by the constant demands for information and for copies of the statements I have made. The best answer in both cases will be a full and accurate recital placed in the hands of the public. Those who accuse me of attacking the General in the field, of maligning the Army doctor, and of insulting the British soldier ; or of sentimentalism, precipitancy, and unreasonableness ; are welcome to search these pages for their proofs. On the other hand, probably not one in every thousand persons who have discussed the subject-matter of "Article IX.," and the continuation of its story in the House, has ever read either in its entirety. Few people, moreover, can have an adequate idea of the protracted and unequal struggle, in the House of Commons and the public press, to obtain for the Inquiry into the facts and causes of the medical deficiencies

in the war the fullest powers of searching investigation. The sequence of these events is presented here in a continuous narrative, with such observations and reflections as seem pertinent to each successive phase.

The record, being a personal one, invites the criticism that it is an *ex parte* statement. But it will be noticed that (so far as the House of Commons is concerned) on important occasions, such as the debate on the Appropriation Bill, the reply of the Minister is given in full; while no attempt has been made to strengthen the case by exhibiting the large measure of independent corroboration and support which it has received from "clouds of witnesses" and from various organs of public opinion.

Nor is any reference made to important new matter obtained from many quarters, and essential to a full inquiry, of which I gave intimation to the Commission on its return, and which was excluded by the summary and unexpected closing of the Evidence. No criticism is offered on the Commission, or on its proceedings in South Africa, save such obvious reflections as arose out of the continued effort to obtain for it compulsory powers. Even the strong pronouncements of high authorities on this branch of the subject are not reproduced in these pages. It may become an imperative duty in the interests of Reform, which has been the pole-star of this toilsome journey, both to bring forward the new evidence and to illustrate the results of inadequate powers. If so, the same course will be pursued in the last instance as in the first. The only tribunal to which new facts can now be carried, or further appeal made, is the tribunal of public opinion.

The writ of that Court runs far; and its strength never found a more apt illustration than was supplied by the magic transformation scene, which took place throughout the hospitals in South Africa, the moment the search-light of publication and debate was thrown on their condition. The cable does its work quickly; and within less than a week there was hardly a soldier amongst the many thousands still in hospital who did not feel the effects of the significant change.

It may be that public opinion has a still more important service to perform in this matter than the temporary improvement already effected. It can hardly be questioned that a drastic reform of the whole Army Medical system is urgently demanded; but it may require a greater propelling force than is to be found in official or departmental projects of reorganisation. In that case it is not likely that public opinion will grudge its aid to the cause of humanity and the future welfare of the Army.

No attempt has been made in this book to draw up a thorough scheme of reform; but it contains a fairly complete enumeration of the features that need to be reformed, and some suggestions of the lines on which reform should proceed. The framework of such a scheme, which is given at the end of the book, is not difficult to construct, but in many parts it naturally requires a close acquaintance with executive possibilities and administrative detail, and demands, particularly in the scientific status of Army doctors, the practical judgment of the most enlightened and independent members of the medical profession.

Reform has been the one great object which has

lightened a task, the difficult and thankless nature of which will derive some illustration from these pages. If it is promised and gained, the common sense and practical intelligence of our soldiers will never again be irritated by the remediable suffering and avertible death they have witnessed in this war. And we can go forward into the new century with the assurance that we have removed one danger to the voluntary principle on which our Army rests, and planted a new sense of security and comfort in the home of the absent soldier.
Spes bona !

W. BURDETT-COUTTS.

December, 1900.

CONTENTS.



CHAP.	PAGE
PREFACE	vii
I. OBJECTS OF THE MISSION	1
II. "ARTICLE IX": BLOEMFONTEIN	14
III. AN INTERLUDE. FROM VELDT TO HOUSE OF COMMONS	34
IV. SPEECH IN HOUSE OF COMMONS, JUNE 29	49
V. DEBATE OF JUNE 29 (<i>continued</i>)	82
VI. THE COMMITTEE OF THREE. DEBATE, JULY 5	95
VII. THE COMMISSION OF FIVE	108
VIII. A FINAL EFFORT (AUGUST 6)	130
IX. EVIDENCE BEFORE THE COMMISSION	156
X. THE PRESS CENSOR. THE NURSING QUES- TION	192
XI. WESTMINSTER ELECTION SPEECH	207
XII. REFORM	230
SUBJECT INDEX	251

THE SICK AND WOUNDED * IN SOUTH AFRICA.



CHAPTER I.

OBJECTS OF THE MISSION.

LETTER TO CONSTITUENTS. WAR CORRESPONDENTS
ATTITUDE OF AUTHORITIES. DELAY AT CAPE TOWN :
ITS RESULTS. PRAISE OF THE R.A.M.C. AND THEIR WORK
AT THE BASE. IMPARTIAL CRITICISM. WOODSTOCK. THE
REAL REFORM. ORGANISED CIVILIAN AID.

THE subjoined letter, addressed to my constituents and published in the daily papers of the date, will fully explain the origin and objects of my visit to South Africa. Two obligations were assumed in it, the one in relation to the public, the other in relation to the Army Medical Service. To tell the public the truth with regard to a matter in which they were deeply concerned, and which could have no possible bearing on strategic combinations or military success, seemed to me consonant with the spirit of the time. Whether things were well or ill, this would bring benefit in either event—if well, comfort to all; if ill, a demand for immediate improvement and future reform. To tell the truth without animus or prejudice against the Royal Army Medical Corps was a task which the latter

will readily admit could better be entrusted to a civilian than to an officer of the army.

With regard to the regular War Correspondent, I knew that he did not and could not concern himself with any very close examination of the subject. His duty is to describe battles and report military movements. He has no time, even if he has the inclination, to follow a convoy back from the front, to spend the day in crowded bell-tents, or to walk the wards of a hospital. Moreover, if an idle day can be occupied in that gruesome task, there is always the Press Censor. The War Correspondent has to consider the interests of his paper; and when these can be advanced or retarded in a dozen curious indirect ways by the inclination of that omnipotent and omniscient official, disagreeable truths about hospital arrangements are not likely to take a prominent place in telegrams or letters from the front. So, amongst all that great company of soldiers of the pen who followed this campaign, as numberless and varied as they were gifted and gallant, often facing greater dangers with their weapon than the fighting man with his, it did not seem such a monstrous proposition that room should be found for one more whose humbler task it would be to chronicle, not the glories of battle, but the after-lot of the brave men who fell in it, or the more pathetic fate of those who never reached it. Out there on the veldt it was perhaps a novel idea to the military mind, but it was a matter of great human interest at home. That the assumption did not entirely commend itself to the authorities will quickly become apparent. This is the letter referred to:—

Letter to Constituents.

1, STRATTON STREET, W.,

January 18th, 1900.

DEAR SIR,—I have decided to make a short visit to South Africa, and sail on Saturday.

It is a time when every man is placing public interest above private and personal claims; and there are some opportunities of possible usefulness which are suggested to my mind by my experience of both succour and administration as Special Commissioner of the Turkish Compassionate Fund in the Russo-Turkish war, to which I have since added an intimate acquaintance with various hospital systems.

As my friends will well understand, it is not so much by taste as by circumstance that such experience points in the present case rather to objects of humanity than to military service; but feeling that I may be of some practical use in the former, and having no actual position in the latter, I propose to confine myself to the less attractive if not less important field of effort.

This latter is not unlikely to afford active occupation, but in any case two considerations weigh strongly with me.

(1) On a subject such as the treatment of the wounded—its deficiencies or perfections as the case may be—too much information cannot be given to the public. Thousands of anxious hearts, poor and rich alike, who have as yet been spared a greater sorrow, will be glad to know that everything that is possible is being done for those who suffer in their country's cause. And if such is not the case the country ought to know. I have neither prejudice nor preconception in the matter; all I feel is that the information should come from an independent and reliable source, should be based on direct knowledge, and tempered by experience of war, which at best is a grim and horrible thing in the physical realities of its darker side.

(2) It is obvious that the examination of our whole military system and organisation, which will ultimately

be severe and searching in the House of Commons, cannot exclude from its view that side of warfare with regard to which England as a humane and wealthy nation should be the most perfectly equipped in the world.

For both purposes personal observation and local inquiry are indispensable. With regard to the first, I have undertaken some responsibility, and I am also assured of an adequate form of publication; while as to any share I may have in the second, I venture to think that Westminster will be best represented by one who is equipped with something more than second-hand information.

My conception of duty to the public service, in whatever capacity I may be able to perform it, therefore coincides with what I consider to be the real interests of my constituency at a great national crisis like this, and I trust that the electors of Westminster, who have so long honoured me with their loyal support, and with whom my personal relations have been so close and constant, will during my absence permit me to retain the same cherished place in their confidence and esteem.

I may add that the Baroness fully appreciates the importance of the above considerations, and warmly endorses the step I am taking. I need hardly say that it would have been an impossible one for me had not her health so much improved that I am able to close with a reassuring message which will be welcome to many.

I naturally regret that I shall have no opportunity of saying good-bye to many kind friends; but to meet them again when my task is accomplished will be better than a "send-off" on undertaking it.

I am, Dear Sir,

Yours very faithfully,

W. BURDETT-COUTTS.

The Secretary,

Westminster Constitutional Association.

I have only to add one remark, the personal nature of which may be excused by its bearing on subsequent events. At the end of the Turkish war I had typhoid (enteric) fever as badly, it was said, as anyone ever had it who lived to tell the tale. Seven weeks in a small Seamen's Hospital in Galata taught me what the ceaseless devotion of doctor and nurse can do with this disease. The fortunate inmates of the Volks Hospital at Bloemfontein will be found to have had a similar experience; for in that plain but admirably tended institution the percentage of deaths in enteric cases was under 7·75 per cent., as against 21,* which represented the total percentage of the same mortality at Bloemfontein.

I arrived in Cape Town on the 6th February, and the next morning I saw the Press Censor, and told him the object of my visit to South Africa. As I propose to make further reference to my dealings with that official in a subsequent chapter, it is only necessary to the sequence of this narrative to state here, that having explained that I desired to see the treatment of the wounded in the field first, and follow it back, in a series of letters to the *Times*, stage by stage into the base hospital, I was somewhat curtly informed that I should not be allowed to pursue my investigations at the front. A letter to the Field-Marshal, fully explaining their purpose and limitations, produced no result. I gathered from this that the special character of my mission as correspondent dealing solely with the treatment of the

* See despatch from Lord Roberts to Secretary of State for War, dated June 25th, *Parliamentary Paper, South Africa*, No. 354, p. 3.

sick and wounded did not commend itself to Headquarters. I desire, however, to guard this conclusion by stating that my subsequent experiences with the Press Censor, who became my only medium of communicating with Headquarters, were of such a peculiar and unprecedented nature that I have always remained in doubt as to whether and how far they were the outcome of a personal or a delegated authority.

For the time being, and for a somewhat lengthened period, I was compelled to remain in Cape Town, which was no part of my design or desire; and my absence from England was extended to more than double its contemplated duration. Two consequences ensued, neither of which I regret. Had I been allowed to go to the front at once, while I should probably have gathered sufficient instruction with regard to the treatment of the wounded from the scenes at Paardeberg, I should have missed Bloemfontein and the pressure of sickness which formed, and always will form, the crucial test of the Army Medical Department. During my enforced stay at Cape Town, not caring to describe the base hospitals over and over again, I devoted my first seven articles in the *Times* to a somewhat close examination of the Army Medical system by the light of information derived first-hand, and of its practice as illustrated on the spot under the most favourable circumstances. I greatly regret, for two reasons, that the limits of this small volume do not permit of the reproduction of the whole series.*

* The series of articles to the *Times* will probably be published in another form.

1. I have been accused, in spite of the public promise contained in the letter to my constituents, of having started with a prejudice against the Royal Army Medical Corps. Those articles prove exactly the reverse, and it is to be doubted if that much-abused body ever received a fairer or more flattering tribute at the hands of an independent critic. Full credit was given to the Army doctors for their personal efforts and zeal. No "hearsay evidence," however reliable, of a disparaging kind was repeated. Whatever flaws were brought to light were referred to the system rather than to its executive officers. Strong arguments on their behalf were adduced for a removal of disabilities which clog their professional work and make scientific progress almost impossible. In a word, I was their friend amongst many enemies. I fixed my attention on the many men of ability, energy, and earnest purpose in the Corps, whose efforts were hampered but not defeated by red tape and the yoke of militarism. I am bound to admit that subsequent experience showed me, and a large number of statements of evidence since received tend to prove, that in their community, compared with others which are charged with great responsibilities, there is an undue and striking inequality of merit. But again, I refer this back to the system, which is as bad as it can be: which begins by holding out no attractions to superior men, and when it gets those of another kind makes them worse. I have treated the subject of Orderlies, which touches closely many of the abuses and inefficiencies of the military hospitals, with a similar reserve; because here again, if the want of discipline and supervision has been painfully apparent, the system

of recruiting that class is bad *ab initio*. My great object has been not to make personal attacks on individuals or classes, and up to now I have persistently declined to locate the responsibility for the breakdown in the medical arrangements of this war. Its incidence will not be in one quarter alone, and not in the main stratum of any quarter. In any case I have studiously avoided raising prejudice, and the most jealous champion of the Corps, in reading this complete record of all I have said or written on the subject, may search in vain for those attacks which, never having yet been made, are answered furiously every day by over-zealous and over-fearsome partisans.

2. I have been accused of being a superficial observer and a sensational publicist, fastening on a particular spot at a time of exceptional pressure and under conditions of peculiar strain, "painting a picture of one place at one time" and adopting "a method more usual in the domain of art than in the domain of sober politics."* These first seven articles are my answer. I had nothing to do with art or politics. I had only to do with facts. As long as the facts were favourable I gladly gave them in full measure to the public. When they became unfavourable it was no duty of mine to hide them. My part was neither to exaggerate nor to make excuses, but to tell the truth as to the treatment of the sick and wounded. That I have done throughout, without fear or favour.

The necessity for reform of the Army Medical Department had not become sufficiently apparent to raise an analysis of its system above the dulness of the

* Hansard, June 29th, vol. 85, cols. 90-1.

academic plane. There was nothing sensational and certainly nothing superficial about this; and a far less industrious and acquisitive Under-Secretary of State for War than Mr. Wyndham might well be excused for not having marked the longest and most elaborate portion of my criticism of his department. But is the critic therefore to be blamed when he enters a new and different stage of his journey? As long as things go well, Ministers take little notice of the most careful comment. They receive with no less satisfaction than oblivion the praises of the hospitals at Cape Town. But when these are succeeded by a faithful description of the hospitals at Bloemfontein, they wake up and cry out things about "one place" and "domains of art." There were two places, and I did justice to both. My domain was the Palace of Truth, and a very disagreeable place I have found it to date a public letter from.

I kept outside my palace on one occasion at Cape Town, for I spared the authorities a just criticism of the Woodstock Hospital,* which on my arrival was full of vermin, badly equipped, and badly tended. It was reserved then for patients landing from transports, the great number of which, by the way, constituted a grave indictment of the inspection before embarkation at home. Woodstock was a pleasant introduction to the country for the new arrivals. It did not find a place in my articles because it was an old hospital, not the creation of the R.A.M.C., and only taken over under pressure, I was told, as a temporary expedient. But it should never have been opened at all, and had the proper amount of equipment been at hand a fourth General Hospital like

* See evidence, p. 157.

those at Rondebosch and Wynberg should have replaced it in some equally pleasant suburb. Why was this not done? The Director-General of Ordnance gives the answer, when he states before the Commission that he "only had a reserve of one General Hospital," beyond presumably Nos. 1, 2, and 3 sent to Cape Town, and No. 4 in Natal. Visitors were not encouraged at Woodstock. The foreign attachés who gave such flattering accounts of our hospital arrangements at the base, and the Great Consultants who said everything was perfect, could hardly have included it in their purview. They confined themselves to the "Show" Hospitals referred to above. So did I, much to my regret now, for I have had nothing but kicks for my kindness.

The three General Hospitals were as good as a system which practically excludes female nursing, and is strangled by red tape, could make them. They varied, however, in degree. I am not so competent to speak of the interior of No. 1 as other witnesses who gave evidence before the Commission. Many complaints were rife about it at first, and improvements had been effected before I arrived at Cape Town. No. 2 was better. No. 3 was admirable. It was instructive to note that the degree of excellence respectively attained by these hospitals was in close ratio to the relative competence of their presiding or managing officers.

Subsequent experience led me to form the opinion, which I strongly argued before the Commission,* that

* See evidence, p. 186.

these base hospitals should have practically ceased to be military institutions as soon as the pressure came. With a military officer and small staff, whether of the Army Medical Department or the Army Service Corps, to carry on the relations between the former and the latter, on which supplies depend, and also between the hospital and the Ordnance Department, which provides equipment; to maintain discipline; to draw up blue paper returns, which at present are ridiculous in their number and variety; to watch and record the status of a patient as a soldier, or, to speak more precisely, as belonging to a particular unit; these hospitals, so far as the real functions of a hospital properly so called are concerned, might have been turned at once into civil institutions, with civilian doctors, and an adequate civilian nursing staff. The military doctors and male staffs (166 for each hospital of 520 patients) would have been thus set free to go up to the front, which is their proper place, and where they were grievously needed.

The question is too large to argue here. Suffice it to say that in principle it contains the real germ of the reform of our army medical system in war time. All other changes, however urgently needed, are rather incidental than essential. The adjustment between the widely varying medical demands of peace and war depends upon a full and free acceptance in war time of civilian professional aid. This is worse than useless if it only takes the form of hastily employing so many hundred junior doctors and surgeons, or of placing senior men of experience and distinction in civil practice under professionally inferior army medical officers. In the nursing department the counterpart of this poor ex-

pedient has been to hurry batches of nurses through the shadowy framework of an "Army Nursing Reserve," for the purpose, apparently, of bringing them under the control of the Army Medical Officer. In the future there must be a complete release to the civilian profession of the authority and management of base hospitals, and of stationary hospitals which are strategically secure, in respect of all their functions which appertain to the treatment of the sick and wounded as such.

Surely the lesson is clearly taught by the private hospitals in this campaign, which have formed the saving clause in its medical provision. That splendid system of individual energy and public philanthropy, which was pioneered by the suggestions and work of Dr. George Stoker,* and found its largest and most effective example in the brilliant achievement of Mr. Fripp,† aided by a liberal-minded and accomplished R.A.M.C. officer, Col. Sloggett,‡—a system moreover which in the cases of the first hospital, the Portland, and the greatest, the Yeomanry, owes its material embodiment entirely to the efforts of practical women—was made up of institutions established and worked on the lines I have indicated, each having a civilian solidarity of its own, and a single Army Medical officer attached for the purposes already specified. The provision of such hospitals in war-time need not rest on the shifting basis, or be confined to the precarious limits of private or public philanthropy.

* Subsequently Second Surgeon and P.M.O. in the field of Lord Iveagh's Irish Hospital, which gained enormously by having its own transport.

† Senior Surgeon of the Yeomanry Hospital.

‡ Military P.M.O. of the Yeomanry Hospital.

The Government must copy the model, and assume some of the financial responsibility which, being limited to the duration of the war, will place a far lighter burden on the State than the permanent maintenance of an over-grown Army Medical system. There is sure to be a cry for a large increase in the present medical staff. It may be insufficient for the normal demands of peacetime; but the more urgent reform in this respect lies in the direction of quality rather than quantity. Hypertrophy is the worst and most expansive disease that can afflict a Department.

Under such a scheme of civilian aid not only would the patients be better treated and more quickly cured, but the great economic problem of an Army Medical service sufficient for peace and at the same time capable of unlimited expansion to meet the needs of war, would be finally solved. The solution will satisfy the demands alike of humanity and the taxpayer. The scheme involves careful preparation and organised elasticity. The reform must be undertaken with a strong hand. No departmental self-sufficiency, no medical-militarism grasping at universal control in war-time, no considerations of "army rank" amongst doctors, no sword in place of a stethoscope, must be allowed to oppose it. The soldier who risks his life for his country is the country's concern. I believe it is the desire and determination of the people that when sick or wounded he should have the best possible treatment. He has not had it in this war. He will have it in the next.

CHAPTER II.

"ARTICLE IX": BLOEMFONTEIN.

15,000 PATIENTS TO COME. CONSIDERATE RESERVE.
THE ACCUMULATION PERIOD.

ARTICLE IX.: HESITATION AND RESOLVE. PALL
MALL AND BLOEMFONTEIN: A CONTRAST. A DANGEROUS
DREAM. BEFORE THE STRAIN: PERFECTION! "TWO
PLAGUES." PREVISION. 20,000 SICK AND WOUNDED.
THE TOWN HOSPITALS AT BLOEMFONTEIN. THE FIELD
HOSPITALS: A BAD SPECIMEN. A "STATIONARY" FIELD
HOSPITAL. HALF A STAFF: PRESSURE. MORE PRESSURE:
A PAINFUL PICTURE. MORE OF THE CONTRAST. MORE
PRESSURE: THE "P.M.O." THE STAFF. MOVING PATIENTS:
"MILITARY EXIGENCIES." PERSONAL EXPLANATION.
SIGNATURE.

TELEGRAM TO WAR OFFICE. A MONTH'S DELAY: ITS
CONSEQUENCES. THE COUNTER-ATTACK.

A MORE critical stage has now to be dealt with. As
already stated, my first seven articles had been devoted
to an examination of the Army Medical system and to
the work of the Corps at the base. But I felt that my
task was less than half done. I knew, and had pointed
out clearly and forcibly in the first article, that when
the war began the Department was only equal to treat-
ing the normal percentage on 50,000 men, say 5,000 sick
and wounded, and as the number of troops now in the
country was rapidly approaching 200,000, I wanted to see
how the remaining 15,000 sick and wounded would

be treated. As most of this large balance would be up country, and as some sinister rumours on the subject began to reach Cape Town, I became all the more anxious to go to the front. Moreover, I had seen nothing of stationary or field hospitals, convoys, or treatment of the wounded in the field.

The latter, I am bound to admit, formed the most attractive part of the work before me. Much to my regret, I had missed Paardeberg and the march to Bloemfontein. Three weeks after the troops had entered the latter town, having no idea of the further stay that was to be made there, and rather expecting a forward move to be made any day, I made my way to Bloemfontein, which had then become the advanced base, arriving on April 7th.

Immediately on my arrival the danger of an epidemic in and about the town became patent. I wrote an article to the *Times* (Article VIII.) in which I gave a clear warning of what was likely to happen, although I endeavoured to lessen the anxiety of people at home by adding any encouraging possibilities that suggested themselves. That article, which was posted on April 16th—I did not learn till two months later that it had not been published in due course—contained no reference to the hospitals at Bloemfontein. I had at first proposed to describe in it the town hospitals, which at that time held about 700 out of the total 2,200 patients. These town hospitals, although some of them showed serious defects, were, for extemporised hospitals, fairly comfortable. At that date there were no private hospitals (with the exception of the Langman, which was the first up) and no general hospitals yet in working order.

But there were the field hospitals. And when I took up my pen to describe the lot of the sick and wounded at Bloemfontein and thought to begin with the town hospitals, I was faced with the horrible conditions in which two-thirds of the patients lay outside the town. The field hospitals I would not then describe, for a reason to which the subsequent course of criticism gives peculiar significance.

I saw some of these field hospitals immediately after my arrival. They were, as stated above, in a very bad condition. But I was told on all sides that there would be a rapid improvement. I knew the railway had only been running for a limited time and that the difficulties of transport were great, and as the field hospitals were the outcome of a forced march, I did not think it fair to the authorities to take note of them in their then condition. I even wrote in Article VIII., "Add to this the daily improvement in hospital arrangements, sanitation, and food, which a freer railway service and a release from strategic pressure will soon facilitate, and we may await, not without anxiety, but with some hope, a better rather than a worse state of things."

As a matter of fact, although after that was written I saw, instead of improvement, things going rapidly from bad to worse, I waited until the 28th of April, when the army had been six weeks at Bloemfontein and the railway had been running freely for a whole month, before I took a date for the description of the field hospitals at Bloemfontein. It is important to note that Lord Roberts, in giving evidence at Pretoria on the difficulties of transport, divided the month in question into three periods. During the first, from March 29th

to April 7th, the troops were insufficiently fed. During the second, April 7th to April 17th, sufficient food for daily needs was got up. During the third, April 17th to May 3rd, in addition to daily food, *forty-five days' reserve* of food was accumulated for the advance, which took place on May 1st. Of course, during nearly all this time train-loads of horses, men, reserves of ammunition, forage, etc., were coming up, in addition to food. Now, it will be observed that I waited till even the period of the "accumulation of forty-five days' reserves" had nearly run out before taking a date for describing the terrible condition of the sick around Bloemfontein. Yet I am accused of taking no account of difficulties of transport, of painting a one-sided picture, of placing the claims of the sick and wounded above military exigencies, and of acting with undue precipitation. No; I have never admitted that the defective medical arrangements rested solely on the transport, and much of the evidence I have since received tends to prove that the sufferings of the patients were greatly increased by inherent faults of mismanagement, bad discipline, want of initiative, and a general spirit of *laissez faire*. But so far as the defects did proceed from an unequal share in the transport, it is obvious that I showed every consideration and certainly no undue haste in waiting till near the end of the "accumulation" period before taking a date for their description.

Article IX. tells its own story. The text is reproduced here in full, as it appeared. It is to be doubted whether one person in a thousand of those who have discussed its subject-matter during the past six months ever read the article in its entirety.

(From the *Times* of June 27th, 1900.)

OUR WARS AND OUR WOUNDED.

IX.

(*From a Special Correspondent.*)

CAPE TOWN, May 29.

A long time has elapsed since the despatch of the last preceding letter.* During that period the growing scenes of neglect and inhumanity, of suffering and death, which have been the lot of the British soldier in the closing chapter of this war have made up a picture which it is impossible any longer to conceal from the eyes of the British public.

HESITATION AND RESOLVE.

A natural aversion to hasty criticism or exaggeration, and still more to anything approaching sentiment when dealing with the hard necessities of war time; a hope that the lamentable disorganisation and inefficiency of our medical system under the sudden strain of sickness at the front was only temporary, and that the gaps in its *personnel* and equipment which left thousands of

* EDITORIAL NOTE TO THIS ARTICLE.—Owing to heavy pressure on our space, we have been unable to publish the letter here referred to in which our Correspondent, writing from Bloemfontein on April 15, mentions the large number of sick that had arrived with the troops, and after describing the local conditions of the town and neighbourhood, indicated the growing danger of an epidemic, although typhoid was at that time stated not to be on the increase. For the same reason we have been compelled to hold over another letter in which our Correspondent argued the whole question of female nursing in military hospitals, taking the objections *seriatim*, and presenting a strong case in favour of full female nursing in all hospitals, except those actually accompanying a march. He showed that under the Army Medical system the Nursing Sister is only a superintendent of male nurses, whereas the actual manual work of nursing should be done by women. Articles I.—VI. appeared on March 24, April 11, 13, 14, 17, and May 14.

stricken men unnursed, on the ground, in the most painful stages of a deadly disease would quickly be filled up; these combined to arrest my pen until, just returned from the front and within touch of news from home, I read that which proves that truth concealed serves the same purpose as falsehood and that the time has come to speak out.

PALL MALL AND BLOEMFONTEIN: A CONTRAST.

To a mind stocked with scenes which would sicken the hardest heart it comes like a blow between the eyes, leaving one dizzy and bewildered, to learn that at the very moment when these horrors were at their worst and when men were dying like flies for want of adequate attention, a large company of intelligent and well-meaning gentlemen at home, both lay and professional, were feasting on—amongst other things which the war-worn soldier out here would have been equally glad to have—the perfection of the medical and hospital arrangements in this campaign!

On that night (Saturday, the 28th of April) hundreds of men to my knowledge were lying in the worst stages of typhoid, with only a blanket and a thin waterproof sheet (not even the latter for many of them) between their aching bodies and the hard ground, with no milk and hardly any medicines, without beds, stretchers, or mattresses, without pillows, without linen of any kind, without a single nurse amongst them, with only a few ordinary private soldiers to act as "orderlies," rough and utterly untrained to nursing, and with only three doctors to attend on 350 patients. There were none of the conditions of a forced march about this. It was a mile from Bloemfontein, the capital of the Free State, a large town which we had occupied for more than six weeks, with a line of railway to two seaports, along which thousands of troops and countless trainloads of stores and equipment of all kinds, and for everyone except the sick, had been moving up during the whole of that leisurely halting time. About the same day a convoy of wounded men were being subjected to nameless torture for want of any ambulance transport or the

simplest comforts, huddled together in rough springless ox-waggon, jolted over spruit and drift for 40 miles; the road being strategically safe and their destination this same Bloemfontein, provided with most things except humane appliances for the wounded. These are two typical instances of the state of things here on April 28.

From morning to night the gloomy processions followed each other across the Market Square at slow march with arms reversed, bearing shapeless figures sewn up in blankets to unknown crowded graves in the cemetery on the southern hill, day after day and week after week, in ever-growing numbers. How many of these might to-day be strong men full of life, rejoicing at their near return to home and friends, is a terrible speculation which must be left to those who consider the conditions attending their sickness and death.

A DANGEROUS DREAM.

By what incredible ignorance of then current facts, by what bankruptcy of insurance against patent dangers, were such funeral bakemeats permitted to furnish forth that ill-timed feast at the Reform Club, where the spirit of congratulation filled the atmosphere, and nothing was heard but eloquent and highly authoritative statements that "it would not be possible to have anything more complete or better arranged than the medical service in this war"? Next morning, very naturally the Press took up the chorus, and a comforting sense of satisfaction and pride settled down on the public mind. Amidst all the chequered course of this war here at last was one white illumined square, one just and righteous cause of national congratulation. The reputation of England for humanity had been vindicated, for all was well with the sick and wounded.

It is a painful and thankless task to rob the British public, ever ready and generous, of that cherished consolation; but the bubble must be pricked, and they must wake up and look the troublesome thing s

that lie beneath straight in the face; for these are lives of men. It is a stern duty to tell the truth, "lest we forget," or, worse still, go out of this campaign misled and uninformed as to the capacity of our present medical system to meet the exigencies of a great war.

Neither the audience who heard, nor the public who read, nor the Press which commented so favourably on the speeches referred to could be expected to go behind their high authority, or to question their reiterated assurances. All took their cue from the same prompting, an experience of the medical arrangements which closed when the war was half over, in volume of human pressure if not in time, when its only victims were the wounded, and sickness was but just appearing, yet in forms suggestive of terrible possibilities in the near future.

BEFORE THE STRAIN : PERFECTION ?

Up to that time things had been fairly, but not wholly, satisfactory. The favourable note had been sounded from the first, from the plains of Colenso and other lesser battlefields, where the splendid bravery of our Army doctors under fire seized and engrossed the public imagination. In that quality, indeed, the record of the R.A.M.C. shows no flaw; but it can no more provide a proper medical system in war than the bravery of our troops can supply tactics and strategy. When the talk is of "perfect medical arrangements" it is only misleading to keep the attention fixed on acts of heroism in the field. Then came the pleasant descriptions of the base hospitals at Cape Town to complement the general satisfaction. To the latter these letters did full justice as the writer saw them. But was there nothing else witnessed by or known to those who "had an opportunity of examining the medical arrangements both throughout Cape Colony and Natal, and did not believe it would be possible to have anything more complete or better arranged," and who did not leave this country till March? Even at Cape Town

was the Woodstock Hospital, old, condemned, and running over with vermin, a fit place for sick soldiers to be moved into from arriving transports? Were the hospitals at De Aar and Orange River, "stationary hospitals" formed early in the war and always certain from their position to be largely used, perfect in staff and equipment? Let the inmates answer. Was the medical service on the line up from East London to Sterkstroom perfect? Ask the civilians of Queenstown, who, in the absence of all military provision, received a telegram on the morning of the Stormberg disaster to take in 100 wounded that afternoon, or the New South Wales Ambulance Contingent, who as late as February rescued the column from an almost complete dearth of medical arrangements. And Paardeberg? This, too, was within the limits of the first chapter on which the speeches were founded. Was the medical service at Jacobsdal and Paardeberg included in the sweeping eulogy? The horrors of those scenes, the tortures suffered by our wounded there owing entirely to shortcomings of medical equipment, staff, and transport, were a by-word in every mouth before that first chapter closed.

"TWO PLAGUES."

So far as the sick are concerned there have been two plagues in South Africa—the plague of blindness and the plague of whitewash. Whitewash can easily be got rid of, but if allowed to remain it doubles the dangers of blindness when that supervenes. Just as there was no quaver in the note of absolute perfectibility about the past, so there was no warning as to the future. Read the two speeches through from end to end and no whisper of it is to be heard. The past accounted for the extreme limit of patients which the Army Medical Department could deal with efficiently—say, 5,000. There had been no sickness to speak of. Yet the lesson of every war that ever occurred is writ large in history, and carved on a million tombstones—three sick at least to one wounded. Was there no place for reservation as to the 15,000 and more to come, and how

they were to be dealt with by an organisation suitable to 5,000 and already full? Was it fair to the British Army, was it just to the British public, to go on thumping the tub of "perfection," and to pronounce the verdict before the real trial had begun? Would it not have been common prudence to wait and see what would happen? It was no longer even a matter of speculation. Already typhoid had opened her deadly wings, and spread them like some monstrous vulture over march and camp and field and town, from front to base. But typhoid is the known "scourge of South Africa." The danger was always patent. Was it not one's duty to think, to warn, to prepare?

PREVISION.

Your readers will remember the calculations presented in the first letter of this series showing the hospital accommodation which it would be prudent to supply for this war. They were based on previous facts and experience open to anyone interested in the subject—10 per cent. of the whole force under arms was taken as a *minimum*—say 20,000 beds. If from the first these requirements had been fearlessly laid down and provided for in time, what disasters might not have been averted! The Government would not have refused; the people would have poured out money like water. The second letter described the feeble and confused process of "muddle through" by which enlargement was being attempted, and its results on the efficiency of units, arising not less from the inadequacy of *personnel* and equipment than from the inelastic nature of the system. It would be as easy to stretch an old glass bottle, tied up with red tape and sealed with official stamp, as effectively to adjust the present system to a sudden pressure of numbers. The new measure can only flow over and lie on the ground, and be lost. We shall see that this is more than a parable.

20,000 SICK AND WOUNDED.

There are 20,000 sick and wounded troops this day in South Africa, and more than half of these are down

with typhoid. The figures are not official; but they may be relied on. From the Vaal River by Kroonstad to Bloemfontein; through Springfontein and Norval's Pont to Naauwpoort; on to De Aar; then up by Orange River to Kimberley; down again from De Aar through Deelfontein—all these being great centres of sick—to Cape Town, which is full now, in spite of its 800 shipped home every week; back from Naauwpoort down to East London; at Port Elizabeth; at Durban, Maritzburg, Mooi River, Ladysmith—20,000 British soldiers sick and wounded, not a man less, and probably some thousands more. It is a respectable British army, larger than we have won some wars with, and about the strength people said at first that we should require for this one; but it is an army of sick men. At Bloemfontein a few days ago there were 5,000 sick on one day left after another 5,000 had been sent down the line in the previous fortnight; this is official. How have these stricken thousands, or most of them, been housed and tended? How have they been nursed? How have they been moved? An indication has been given; a few specific instances will follow in this and the succeeding letter.

THE TOWN HOSPITALS AT BLOEMFONTEIN.

For a month after our occupation of Bloemfontein, where, it will be remembered, our forces remained seven weeks before the general advance, the hospital accommodation there consisted of two kinds—(1) the field hospitals situated in the various camps about the town; and (2) the extemporised hospitals in the town itself in various public buildings commandeered for the purpose. These latter, according to the official list, contained about 700 beds. The conditions of the town and the surrounding country were explained and the possible danger of an epidemic clearly indicated in the last letter, although the authorities maintained that typhoid was not on the increase. In that letter the sick were given as 2,200, which, with 700 in the town, would leave some 1,500 in the field hospitals.

THE FIELD HOSPITALS : A BAD SPECIMEN.

We will deal with the latter establishments first. It was difficult to ascertain their number, and it would be useless to state it at any given time, as those hospitals were constantly being evacuated as brigades moved away. The large exodus of troops in the direction of Dewetsdorp and Thaba Nchu on the fruitless attempt to cut off the enemy in the south-east, closed many field hospitals, and the latter general advance caused nearly all to be evacuated. It will be better, therefore, to take one of them as an illustration. It was the first I visited on my arrival, it remained after the others, passed through the highest pressure of sickness, and was on the point of being abolished a few days ago.

A "STATIONARY" FIELD HOSPITAL.

An ordinary field hospital contains 100 beds—a *façon de parler*, because it has no beds. When stretchers are available they are sometimes used as beds in the tents. The theory of a field hospital is that it is to be always moving with troops. When troops make a long stay in one place it may be used as a "stationary" hospital, and its equipment should be improved for that purpose. It is an axiom laid down by an accepted authority that "if the hospital is to be long in occupation every effort should be made to raise the patients off the ground." Ten weeks' existence of this hospital in one spot is certainly a period satisfying the condition; but no attempt was ever made to supply beds or even mattresses for it. Situated within a mile of Bloemfontein, nurses could have been accommodated in it just as well as in a "general" or "stationary" hospital, where they are allowed. There were never any nurses in it, or, indeed, in any field hospital. The distinction between a field hospital used as this was and a stationary or general hospital is rendered merely nominal by strategic security, permanence *in situ*, and enlarged accommodation. In these respects some of the field hospitals around Bloemfontein

differed in no way from general hospitals, and least of all in the necessity for proper nursing. But hardly any nurses at all came to Bloemfontein for a month after our occupation of it. Of this anon.

HALF A STAFF: PRESSURE.

The staff of a field hospital comprises 40 all told, apart from those engaged solely in transport, which is supplied by the Army Service Corps. There are four medical officers, two ward-masters, 14 trained nursing orderlies, and six supernumeraries—for 100 patients. The field hospital in question before it arrived in Bloemfontein had been broken into two, one half having been sent in another direction, leaving this hospital with half its equipment and staff. It should consequently have accommodated 50 patients. On my first visit to it (April 9) there were 250 in its tents, 90 of whom were typhoid cases. It was in such a condition of crowding, insufficient equipment, and general misery that I hesitated to describe it in my last letter, hoping for a speedy improvement which the authorities promised.

MORE PRESSURE: A PAINFUL PICTURE.

More than a fortnight later another visit disclosed the following state of things. With no further equipment than two marquees and a few bell tents, no addition of staff or anything else, there were 316 patients, of whom half were typhoids. Their condition was almost indescribable. The tents were bell tents such as were mentioned in a former letter as affording sleeping accommodation for from six to eight orderlies when working and in sound health. In many of these tents there were ten typhoid cases lying closely packed together, the dying against the convalescent, the man in his "crisis" pressed against the man hastening to it. There was not room to step between them. Think of this, you who know the sort of nursing a typhoid patient requires. With no beds or mattresses, and only forty-two stretchers in the whole hospital, it followed that 274 patients had to be on the earth.

There was a great scarcity of blankets, and no patient could have more than one, with a waterproof sheet, between his body and the ground. The ground is hard as stone, and at night the temperature falls to freezing point. Besides other deficiencies which cannot be described, there were no sheets or pillow-cases or pretence of bed linen of any kind; only the coarse rug grated against the sensitive skin burning with fever. The heat of these tents in the midday sun was overpowering, their odours sickening. Men lay with their faces covered with flies in black clusters, too weak to raise a hand to brush them off, trying in vain to dislodge them by painful twitching of the features. There was no one to do it for them. Seventeen orderlies had come with, or been raised for, the half-section of the field hospital; ten had been taken from it, the number being made up from the Bearer Company; but they had other duties to perform than brushing flies off patients' faces. At night there were not enough to prevent those in the delirious stage from getting up and wandering about the camp half naked in the bitter cold. In one tent, where some slept and others lay with eyes open and staring, a case of "perforation" was groaning out his life huddled against his neighbour on the ground. Men had not only to see, but often to feel, others die.

MORE OF THE CONTRAST.

It was a sad and sickening spectacle this, which I describe exactly as my eyes saw it, and without exaggeration or excuse. I leave it and other similar facts it will be necessary to relate to the consideration, not of wives and mothers—we will put them out of sight—but of hard, practical men, accustomed to the hospitals of the poor, of the medical profession, of the great nursing community, of the whole British public, who at the moment when this sight was to be seen out here were reading those comforting words spoken at Calais on April 26, as an *avant-courier* of the speeches two days later at the Reform Club: "Nothing that prevision could

suggest or that money could purchase was wanting anywhere. The supply was simply lavish. . . . Here everything was sent up with the utmost promptitude, and medical stores and comforts were always on the spot."

MORE PRESSURE: THE "P.M.O." THE STAFF.

We have hardly come yet to the question of local responsibility. Certainly in the case of this particular field hospital it did not lie with its chief medical officer, who was an energetic, painstaking member of the R.A.M.C., working day and night, never leaving his hospital, and sitting down each evening to his blue paper "returns" after 14 hours' work in the tents. "Yes," he said simply, as we parted, "we do our best, but it makes one's heart sick to look at them."

There is no need to pile on the agony, but worse remains behind which must be told. Therefore I will pass over an incidental visit to the hospital after a heavy rain, when many of the patients—typhoid had increased—were to be seen lying three inches deep in mud, and come to my last visit, four days ago, on my way down to the front. The chief medical officer had been changed; from all reports this one was as painstaking as the last. He told me that at one time his patients had increased to 496! Three hundred of these were typhoids. The few trained orderlies had been mostly taken away; in their place were 25 untrained and ignorant privates from an infantry regiment, most of whom were themselves "convalescents," to do the whole of the nursing. The medical staff remained always at three. Let the "Manual" throw its own light on this. The patients here were within 24 of the number (520) allotted to a general hospital. A general hospital has 20 medical men, 78 trained nursing orderlies, 27 untrained privates, and 9 nurses. The sick require far more attention and nursing than the wounded; the general hospitals at Cape Town, equipped as above, were

mostly occupied by wounded. Here was this hospital crowded with typhoid left to 3 doctors, 25 untrained privates, and no nurses.

MOVING PATIENTS.

With one more incident graver than all the rest the dark history of a field hospital at Bloemfontein must close. On the occasion of my last visit the hospital had been mostly emptied, as it was to move on to the front. In the course of this process 20 of the worst cases were removed to a more permanent hospital a mile and a half off. How were they taken? They were lifted out of their tents and put into rough ox-waggon—all typhoids and many of them dangerously ill—and then jolted across the veldt, which in this place is much broken by spruits and gullies. One case was in a state of "hæmorrhage" when moved. The order had come to evacuate the hospital; the medical officer had no choice but to obey; there were no ambulances. In three days 4 of these 20 were dead men.

"MILITARY EXIGENCIES."

It must be remembered that these events occurred at Bloemfontein, and mainly during the second month of its occupation by our Army. The town had always been marked down as our advanced military base, and from the day we entered it became, what it will never cease to be, a British stronghold. The strategic conditions surrounding the scenes described must therefore be clearly differentiated from those which attend a continuous march, in order that we should not be misled by talk about "military exigencies" and the like. No practical man will question the prior claim of military exigency over humanity where the interests of the two are irreconcilable; but whenever the former is not really endangered by the latter, humanity cannot, and must not, be entirely neglected. This raises a question of policy, apart from and above that of the disorganisation of a medical system. It need not be discussed

here ; but in the writer's opinion there were no military exigencies really involved that could necessitate, there were none so pressing that they can excuse, the sufferings and horrors to which our sick and wounded were subjected at this time and place. To relieve these, and others which must be related, there were certain obvious methods, none of which could have seriously interfered with military exigencies.

PERSONAL EXPLANATION,—SIGNATURE.

Before indicating these or completing the medical history of Bloemfontein, I must beg leave to offer a few words of personal explanation. Your readers will remember that towards the end of last year your special Correspondent at Cape Town called attention to certain imperfections in the Army medical system, and particularly in the base hospitals. Those reports, denied in some quarters, supported in others, were the proximate cause of my visit to South Africa. Immediately on arriving I applied for leave to go to the front, being anxious to follow the treatment of the sick and wounded in its natural sequence from the field down to the base. Considerable delay occurred before I could obtain the requisite facilities, and this, while it lengthened my stay at Cape Town, necessitated my reversing the process of examination. The time, however, was not altogether wasted ; first, because it enabled an analysis of our Army medical organisation to be made under conditions most favourable to it, the base hospitals being then in admirable order ; and, secondly, because had I left South Africa before the pressure of sickness occurred my mission would have been less than half completed. Although in my analysis I confined myself to describing what I actually saw at Cape Town, much subsequent evidence arose, not only to support the earlier criticisms of your regular Correspondent, but to create uneasiness as to the future and to strengthen my determination to see the system through to the front. The reverse side of the picture

has, however, presented a contrast which it was impossible to anticipate.

As there are statements contained herein the gravity of which I fully appreciate, while I hold myself responsible for their accuracy, I beg to subscribe my name.

W. BURDETT-COUTTS.

There is no need to describe the profound feeling that was at once aroused amongst all classes in the country by this painful publication. That my pain was greater than theirs would seem to require only the argument of self-interest, for no man can lightly wring the hearts of hundreds of thousands of his fellow-beings without losing his title to manliness. But my critics have been numerous and bitter, leaving me no claim on those ordinary considerations of honour and decency which they say I have sacrificed for a morbid sensationalism and a passing notoriety. Let us proceed to a demonstration. The question with which the generous spirit of a certain class nowadays always begins its examination of a matter of public interest, 'What had he to gain by this?' need not be answered; it is a suicidal one for the critic in this case. The other proof involves a confession.

I must first note a fact, subsequently referred to in the House of Commons, which is pertinent to what I am about to say. Nearly a month before the article appeared, on my return to Cape Town, and as soon as I was freed from the Press Censorship at the front, I had sent the following cablegram to Lord Wolseley:—
"Returned from front. Terrible pressure sickness. Breakdown in medical arrangements. Doctors, nurses, equipment, miserably insufficient. Pitiable scenes en-

tirely falsify statements sent home." Although I am given to understand that this message, when cabled back to South Africa, caused some awakening and improvement out there, the latter was nothing to what took place on the public disclosure.

I have been accused of precipitancy in appealing to the public with regard to these matters. It has even been said I should have waited till the war was over. It is not that charge that troubles me, but exactly the opposite one. I stated in Article IX.,* and again at more length in my Westminster speech,† the direct reason for the publication—the imperative necessity for destroying the Fool's Paradise into which the country had been lured, in order to avert the immediate and future danger it involved. I did not state the reason for the delay in publication—a delay of a whole month. That is the real charge; that lies in the mouth of my accusers. I can plead little or nothing but this very "wringing of hearts," from which I shrank with an unqualified dread. It was a poor reason. It was a mistake. It was almost a crime. When I think of that magic transformation scene‡ which took place in the military hospitals through South Africa immediately after the disclosure and the debate in the House of Commons, when I recall the sufferings of the ten or fifteen thousand men still in hospital which that change showed were in a measure remediable, then I regret, and shall regret as long as I live, that I let that month go by in silence. It is true I had but a limited idea of the resources of many kinds—initiative, stores, equipment, attendance, energy—which nothing

* Page 20. † Pp. 223, 228. ‡ Westminster Speech, p. 223.

but a public disclosure would have uncovered and made immediately available.

I have no other defence, except that when I did strike I struck hard, as the occasion demanded. Not too hard for the truth. It is needless to refer to the "cloud of witnesses" who arose on all sides to confirm, by the relation of similar and worse experiences, the general tenor of my attack on the system, or to the large support received from the Press and from many important contributions to the periodicals of the day. Nor need I trace the development of the counter-attack on myself outside of the House of Commons, which became peculiarly bitter when once the fetish of party spread its blistering hand over the subject. Professional animus had already preceded party prejudice; and to crown all, witnesses came forward to say how comfortable they had been in other places and at other times than those I had described. There is no room here to enumerate the forces on either side, for this is only a personal record and review.

Many glaring defects and errors in this war will subsequently have to be discussed, and each will find its exponent and, it is to be hoped, its reformer. This subject could not wait, being a matter of life and death, and having no concern with the combatant weakness of our military system. But it quickly became apparent that I was to receive the full force of the vested interests and great influences which had not yet been disturbed by a direct and incisive attack, and which now concentrated themselves upon their first assailant. The "man in possession," hydra-headed, donned his armour, and called innumerable sleeping partners to his aid.

CHAPTER III.

AN INTERLUDE. FROM VELDT TO HOUSE OF COMMONS.

SCOUTING. THE DISAPPEARING BOER. THE COLONIAL DASH. BOER ARTILLERY PRACTICE.

THE MISSING ARTICLES. NOTICE TO MR. WYNDHAM. THE STATE OF FEELING IN THE HOUSE. A DIFFICULT POSITION. A POINT OF ETIQUETTE. MR. WYNDHAM'S SPEECH. SUPPRESSED ANSWERS:—SANITARY PRECAUTIONS; INSTANCES. A CONTRAST; AT A LONG INTERVAL. 10 PER CENT. HOSPITAL ACCOMMODATION, *SERIAM*; THE FATAL DOCUMENT. RED TAPE. CO-ORDINATION. MOVING PATIENTS IN HOSPITAL TRAINS; AND OTHERS, WITH BULLY BEEF FOR ENTERICS. FOUR VISIONARY GENERAL HOSPITALS. CRITICISM AT A DISTANCE. ENTERIC MORTALITY STATISTICS; THE VOLKS HOSPITAL. TRANSPORT; TREKKING. CORROBORATION. THE REAL ARTIST. APOLOGY AND GRATITUDE.

BEFORE the scene changes, as it must in this chapter from the events portrayed in Article IX., to the not less strenuous arena of the House of Commons, I may be permitted briefly to explain why I was never able to complete the task I had undertaken by a description of the treatment of the wounded in the field.

I started from Bloemfontein in the general advance, on May 1st, and went only as far as Kroonstadt—120 miles. During that time I did my best to witness a general engagement, which would enable me to compare a pressure of wounded with a pressure of sick. But the

good fortune that attended the troops defeated this grim object, and there was no action worthy of the name. Once in the field, I was free to go where I liked. As I did not use the telegraph, like other correspondents, I had no need for the Press Censor. If any such should occur, there was always the big balloon above the veldt, which under the name of the "Blister" toiled wearily on five or ten miles behind, its services apparently limited to amusing the Kaffir children, and marking the proximity of Head Quarters. With a front extending some thirty miles, it was impossible to be everywhere at the same time. I scouted most days with the Colonials; it was the most exhilarating and suggestive experience I could have; for their work as scouts was undeniable, the individuality and intelligence of it marking them out as born for the game. There was no want of discipline. At a word they were out forward; at a word they stood for the guns to pass through, or the infantry to come up for a movement in force or an attack on a position. But when they were out, each man was a host in himself. They did not advance in line—at regular distances, with officers fifteen yards in front—to be shot at from kopjes and dongas. They were all over the land like spaniels in the gorse, taking advantage of every bit of rising ground; prone on their faces when they got to the ridge; throwing out one man at a hostile farmhouse, and keeping the rest under cover close by to count the rifles it held; sending a couple two miles round to look down the length of a spruit, instead of taking it in front; in fact, doing everything rather than advancing straight up to the enemy to disclose his position by being shot at—the climax of idiocy for scouts.

Three features habitual throughout the campaign were illustrated more than once in my short experience: the disappearing Boer, the dash of the Colonials, and the accuracy of the enemy's artillery practice. Under the kopjes that fronted the Karree Siding Camp, looking towards Brandfort, a dark donga stretched right and left across the plain, and was supposed to be held by the enemy. Soon after daybreak I was in a little drift sheltered by trees, with four scouts of the Mounted Infantry. The donga was clear; but a few yards on the other side was a white farmhouse from which a scout, approaching it warily, was fired on. Some of the West Australians, coming in touch on our left a moment after, we went through the farmhouse. There were no Boers in it, only a few empty cartridge cases. There was no time for a man to get away, and no "hide" all around was a plain, almost level. It was a mystery. Could the stalwart Boer lady who stood outside in the midst of her tearful family, with a large waist and a deprecating expression, have solved it? Perhaps in that case, but not in the next. For a mile or so further on stood a red farmhouse, from which as we topped a gentle rise in the ground came an unmistakable rattle. A scurry for that disclosed—nothing! Again the empty cartridge cases, but no Boer and not even a human being of any kind. Here too, all around for miles was bare level ground. The mobility of the Boer is not confined to the horizontal plane of earth. Apparently he can disappear beneath it. The fox had gone to ground, and the baffled pack, finding no loot, made another cast forward towards Brandfort.

At the Vet River a "pretty little action" took place between the two slopes that met in the hollow at the western drift. In the early part of the day we only had a screen of mounted men forward, and the Boers were well posted across the river on the sheltering sides of a kopje whose top stretched away to our right, and again behind a smaller but equally prominent kopje on our left front. Before our guns came up we had a capital view of them, galloping to and fro in little groups down to or back from the river bed, or busy with their long train of ox-waggons which was already winding away out of the hollow between the kopjes into the distance. We were well within range and could examine them in detail. Except for the rifle every man carried there was nothing military in the aspect of these bearded farmers, as they scurried about on their ponies, in every kind of costume, their tweed jackets or rusty frock coats flying open, and their baggy trousers showing a length of stocking above the shoe in the stirrup. Shades of our booted Life Guards, defend us! Were these the heroes of a hundred fights, the finest exponents of the modern art of warfare the world has yet seen?

They kept us busy all day, long after our three guns and two pompoms came up, and while the Mounted Infantry were slowly clearing the river bed up from the left, and the big guns on our right were dropping shell after shell around the tin house amongst the trees in the drift beneath us. At last, towards evening, the way seemed clear, the fringe of mounted men advancing through the trees joined ours who had drawn down the slope and were held in leash on the flat. Then came a

brief exciting moment, for almost before the word was given—in fact, no one heard it, and I do not believe it ever was given—we dashed pell-mell for the drift. New Zealanders, New South Walers, West Australians, Canadians, mixed all together in a mad race down the steep track, through the water, and up the other side. They took a gun, and a rare dispute arose as to which man got to it first. It did not matter: they were all Colonials. Let it not be thought for a moment that I am making any invidious comparison. The regulars fought and marched magnificently; the incident just related is only what I happened to see.

Over the Sand River, a squadron of Lancers started at a hand gallop in the direction of a couple of Boer guns on the nether slope of a kopje. As these opened fire it looked like business. We do not often hear of a “charge for the guns” nowadays. But in a few minutes they got our range and the squadron swerved away to the left, where more Lancers came up in support, making a respectable force of some 500 or 600 men. We rode straight forward, when suddenly more of the enemy’s guns opened on us directly in front. He seemed to know exactly what the movement would be. Slowly we turned, as one of our guns passed on to position, and it was during this retirement that the accuracy of the Boer practice was so apparent. Every two or three shells were pitched a few yards further on so as to keep close company with the movement, and for half an hour hardly a shell fell outside our circumference. But we were well deployed, and except in two or three cases no harm

was done. In fact, during the short time I spent in the field the casualties within reach of me were so few and far between that they gave no such opportunity as I needed for describing this part of my subject. In the three cases mentioned there was always a doctor at hand and the white-headed ambulance waggon within reach in the rear. On the day of the Sand River fight, I just missed an incident which would have afforded food for comment—the disaster to the “mixed squadron” on our left, where the whole of the little force, shot down at 150 yards by the treacherous use of the white flag, lay from nine in the morning till late in the afternoon—four miles from their brigade—without relief.

We must now pass to scenes more peaceful in one sense, but not in another.

Article IX. appeared in the *Times* on Wednesday, June 27th. As stated in the Editor’s Note subjoined to it, the two preceding articles had been held over “owing to heavy pressure on our space.” It would be ungracious of me to criticise the editorial estimate of comparative values of contributions to that great journal. Every writer thinks his own production the most vital and enthralling, particularly if it does not appear. But it was somewhat unfortunate that Article VIII., describing the sanitary conditions of Bloemfontein and the growing dangers of an epidemic, had not been published, partly because it, in some measure, paved the way for the pressure described in Article IX., and partly because its non-appearance gave rise to the

suggestion that the two articles in question had been "suppressed." There was no foundation for such a suggestion, and they were published on June 29th and 30th.

The day before Article IX. appeared, when assured of its publication, but not certain of the date, I wrote Mr. Wyndham the following letter:—

June 26th, 1900.

* * DEAR WYNDHAM,—I returned from South Africa Saturday, but have been prevented from coming to the House by private affairs.

Will you kindly tell me if and when any Army medical vote is to be taken, or if any early occasion will arise on which our medical arrangements can be discussed.

My later experience of them, at the front, has been in many respects painful to a degree, and I do not think any good purpose can be served by keeping the truth from the public. At present the latter, at least, are labouring under an altogether false impression, which, I think, it would be a national wrong to allow to continue. Whether the fault lay with the organisation, the provision, or the transport, is not for me to decide; but the facts, as presented to my eyes, I sent to the *Times* in my capacity as its Special Correspondent with regard to these matters, and I understand they are going to publish them.

I shall be prepared to support them in the House, and I should be greatly obliged if you would send me an answer to the above inquiry.

Yours truly,

W. BURDETT-COUTTS.

To this Mr. Wyndham replied as follows:—

June 27th, 1900.

DEAR BURDETT-COUTTS,—Your letter reached me late last night.

All the Army votes including the medical vote,

have been passed with the exception of the War Office vote, which has been designedly kept back to offer an opportunity for the discussion of matters of policy and administration.

I doubt if that vote will be taken before Friday fortnight.

You could, of course, move the adjournment of the House to-morrow. I should have no objection to your taking that or any other step in order to ventilate the question.

I should deprecate a running fire of questions in the House, not because I shrink from inquiry—indeed, I court it—but because the question cannot be satisfactorily considered in that piecemeal fashion.

Yours very truly,

GEORGE WYNDHAM.

The next day a number of questions were asked in the House on the subject, to which Mr. Balfour replied by reading Lord Roberts's well-known despatch to the War Office explaining the difficulties of the situation and concluding by asking for a Committee of Inquiry. It is important to observe that Mr. Balfour stated: "I do not understand that anything has come to our notice which suggests that any sufferings of the sick and wounded are due to an insufficient supply of medical appliances and comforts sent out from this country. The question is rather one of organisation and distribution in South Africa." I was glad to accept this view, because it strengthened the hope I then entertained that the matter would not be made a party question. I need only note one statement in Lord Roberts's despatch, because it led to my putting my first question in the House on the subject:

"Bloemfontein is not a large town, but all suitable public buildings, schools, etc., were made into hospitals.

I constantly visited these, and after a very short time they were, I consider, in good order and not overcrowded."

On this I put the question:—

"MR. BURDETT-COUTTS (Westminster): May I ask the right hon. gentleman a question arising out of his answer—whether in Lord Roberts's statement there is any account of the field hospitals about Bloemfontein, any account other than that which he has read of the town hospitals within Bloemfontein, which contained 700 patients out of 2,200? I did not hear them referred to."*

The subject was not pursued because of the course arranged on. I had proposed to move the adjournment on this occasion, but it was arranged that the following day should be given. A supplementary vote of £5 for the Army Medical Department was put down in order to bring on the discussion.

Meanwhile the feeling of the country was reflected and focussed in the House, which is as swift and sure in its reception of a popular emotion as it is certain eventually to mould it into party forms. In this case there were some cross divisions before that final stage of crystallisation. On my own side there was a palpable sensation of annoyance; on the other—at least, below the gangway—a grim anticipatory satisfaction. The general and more serious feeling was, I believe, one of doubt mingled with a definite and legitimate uneasiness. Many a matter of discontent connected with the war had been smouldering for months. To discuss this one could not advantage the enemy and implied no breach of loyalty or patriotism; it involved the

* Hansard, June 28th, vol. 84, cols. 1318-9.

cause of humanity, which is common to all, and the welfare of the Army, which is the property of the nation.

The last two were the only considerations into which I could enter. They were superlative and irresistible—the moral pistons of the engine that had been set in motion. Their force seemed to brush aside all cobwebs of politics or party, and to work for a straight and simple issue. Knowing—or, at least, having formed an opinion on—the causes of the breakdown in the medical arrangements, I did not think the latter could really be made a party question, or that I should be accused of making an attack on the Government of the day; nor do I think such a construction was in any way logical or necessary. I am afraid, however, even if I had clearly foreseen the course of events, it would have made no difference to my own action; for the matter at issue was one of life and death—the life or death of brave men who came from all political parties, and who had fought and were still fighting for their common country.

The next day, Friday, June 29th, I had to perform a heavy and painful task, and to face a combination of circumstances inside the House which added greatly to the difficulties of one who had rarely troubled that sensitive and exacting audience. No man can throw a stone at my party loyalty during fifteen years of Parliamentary life, or recall any word I have spoken to gain the fleeting favour or interested applause of those on the other side of the House. It is not an uncommon method with some speakers; and there are now and then occasions on which members, honestly

differing from their leaders on incidental matters, are carried almost unconsciously in that direction. But I do not think it had ever fallen to my lot to raise an approving cheer from the party opposite on any political question. As I stood with the benches behind and above me either silent or openly hostile, and the only audible encouragement coming from a section of my erstwhile opponents, who were naturally eager to fix responsibility on the Government, the novelty and inconvenience of the situation might well have oppressed a more practised speaker. Two or three constant thoughts, however, cleared my way and strengthened my hand: the littleness of party beside a human tragedy; the goodness of the cause; the absolute conviction—which has never since been shaken, and never will be—that much of the suffering and death which was then so freshly pictured in my mind might have been reasonably and easily averted; lastly, the certain knowledge that within this party framework on both sides, and beneath its questioning or favouring, its critical or combatant exterior, the *heart* of the House beat in sympathy with the moving sentiment and purpose of the occasion.

When the debate came on I considered that Mr. Wyndham should open it. Quickly some who breathe the holy atmosphere behind the front bench accused me of I know not what base crime in not speaking first. It is a sort of point that interests the House rather than the public. But, as it was made a handle for offence at the time, I may be permitted to explain here that my position in the matter seemed clear. I had laid my charges in a public form, which had brought

them to the knowledge of the House and the country; whatever new matter I had to bring forward was incidental, and to answer it required a local knowledge which the Minister could not possibly have. I claimed to hear what the explanation was in answer to the main charges, and also desired to know what line the Government intended to take. How far the latter, as developed in Mr. Wyndham's fine speech, modified and restrained the substance of my reply, will be made clear when I come to deal with his points. Lest, however, I might be offending against some of those unwritten laws of etiquette which are justly dear to the House, I consulted, immediately before, the highest living authority on Parliamentary custom and the amenities of debate, and was advised that there could be no possible breach of either in my waiting for Mr. Wyndham to begin.

In accordance with the plan of this short record, I should pass at once to the next stage of my case as presented in my own words to the House of Commons; but Mr. Wyndham's speech was so able a defence of the Government that its points may be briefly summarised here. I regret that I cannot do justice to its eloquence and picturesque language by a full quotation. It was also a defence of the Army Medical Department, for which the Under-Secretary of State for War is responsible in the House of Commons, and which, in that capacity, he is bound to defend. This is a tradition and usage consonant to that principle of our constitution which brings its permanent machinery under the constant judgment of a popular representative assembly. A loyal defence of

his department, whatever its mistakes, never fails to commend a minister to the generous consideration of the House. In my humble opinion the Under-Secretary went too far in this direction, and I shall have some reflections to offer on the consequences not only of this over-zeal but of the excessive championship of the same kind undertaken by the Government as a whole. At present it is legitimate for me to indicate, in the course of summarising Mr. Wyndham's speech, how often I refrained from answering a weak point by a simple but fatal fact, and how little, consequently, I deserved the bitter hostility expressed in the extreme ranks of my own party.

Mr. Wyndham began by admitting, with regard to the account given in Article IX., that "to a certain extent—to a lamentable extent—it is true." He then proceeded to contend that "no stone was left unturned to mitigate" that state of things either by the lavish provision and foresight of the Government, or the zeal, intelligence, and energy of our officers, and more especially the Royal Army Medical Corps, in South Africa.

1. On the sanitary question he stated that the outbreak of enteric was foreseen even before the war began, and precautions taken. These, it appeared, consisted of impressing the matter on the medical officers, distributing amongst them a pamphlet by an eminent American authority, supplying each unit of 100 men with a sterilising filter, and ordering that one ton of quicklime should be stored and constantly issued in "stationary camps" for every 1,000 men.

I did not ask why, if the sickness which actually stood in the proportion of twenty to one to wounds

was so well foreseen, eight Consultant Surgeons were sent out at salaries of £5,000 a year, and not a single Consultant Physician. The filters were constantly neglected, the ton of quicklime was often conspicuous by its absence; but I did not say so. Some really experienced sanitary authority might have prevented many a deadly outbreak, but I did not discuss the point. I did not tell the story of the 2nd Worcesters, who came from Bermuda (for the past four years one of the healthiest stations in the Empire) and marched into Bloemfontein from the South, not *viâ* Paardeberg, full strength, with two men sick. They were camped on ground just evacuated by one of the Paardeberg regiments. Within three weeks 278 men were down with enteric fever, and from forty to fifty died.

2. On the question of *personnel* and equipment he gave two sets of figures contrasting the numbers and quantities in South Africa on the 15th of January with those on the 13th of June.

This contrast seemed so entirely beside the question that I felt compelled to deal with it in my speech.*

3. He proceeded to make a more serious statement in connection with this subject, viz.: that "the scale of provision made for the campaign was a ten per cent. bed accommodation for the whole force," and that "this scale of ten per cent. of beds had been applied *seriatim* to every increase made in our forces in South Africa."

While Mr. Wyndham was uttering these words, I had a certain document in my pocket which if produced would have damaged fatally the contention

* See page 187.

they contained. It was a list dated February 27th—ten days after Paardeberg, and of course before the march to Bloemfontein and the difficulties of railway transport to that place—handed me by the Principal Medical Officer of South Africa, in his own handwriting, giving in tabulated form the total hospital accommodation exclusive of Natal. It amounted to 3,137 beds. For how many troops? It is difficult to say without data; but certainly 75,000, and probably nearer 100,000. If the former it was not five per cent., if the latter it was three per cent. of hospital accommodation for the troops. I did not produce this document; I admit it rather burnt in my pocket.

4. On the question of "red tape" in the Army Medical system its official apologist took up a somewhat lonely position. "I hear complaints that there is too much red tape. I am quite prepared to defend that organisation."

I did not ask him if he could get a single officer of the R.A.M.C. below the rank of Surgeon-General to agree with him in this generous vindication of the Department.

5. An explanation of the relations between the medical and combatant branches of the system was pointed by the general statement, "You would have a breakdown of the most irreparable character unless you co-ordinated the demand of your medical services with the other demands, which are necessary for the existence of the army."

I did not say that in my opinion the medical claims had not been "co-ordinated" with, but postponed after all other demands; nor did I emphasise the fact already

alluded to that I had waited till April 28th, which we afterwards found was at the close of the period of the "accumulation of forty-five days' reserve stores," before taking a date for the description of the field hospitals at Bloemfontein.

6. Speaking of moving patients, Mr. Wyndham said, "In this war it has been done largely by hospital trains."

I did not say that there were at first only two hospital trains running from Cape Town, to which a third was added, I believe, after the troops reached Bloemfontein; that each train only held ninety patients, and took six or eight days on the return journey between Bloemfontein and Cape Town; and that therefore when 5,000 patients had to be evacuated from the former place in a fortnight, the hospital trains would not take a tenth of them. Nor did I mention the constant practice of sending train-loads of enteric and dysenteric patients on a two and three days' journey with no provision but bully beef and hard biscuits—an instance of medical neglect which had untold evil results.

7. Proceeding to deal with Bloemfontein, Mr. Wyndham made another remarkable statement: "On April, 27th there were at Bloemfontein six fully-equipped general hospitals."

I did not say, what was unquestionably true, that there were only two general hospitals, No. 8 and No. 9 there at that time and for long afterwards. The staff of a third, No. 10, was there, without tents or equipment, and it was employed in manning the town hospitals.

8. After some other details Mr. Wyndham stated: "On 14th May the principal medical officer reported in his diary that Lord Roberts had expressed the opinion that the arrangements at Bloemfontein were most satisfactory, and that is a later date than that to which the Hon. Member for Westminster has called attention."

I did not point out that Lord Roberts left Bloemfontein on May 1st with the general advance, and returned no more; that the greatest pressure occurred subsequently; and that an opinion of things at Bloemfontein on the 14th of May, if it applied to that date—and it was Mr. Wyndham's argument that it did so apply—must have been given at Kroonstad, 120 miles away.

9. Mr. Wyndham then took up the statistics of enteric mortality in this campaign, "and especially at Bloemfontein," stating that it was 21 per cent., which compared favourably with other wars.

I did not point to the Volks Hospital at Bloemfontein, which stood like an oasis in the desert of this ghastly mortality, far from luxurious, with no Army doctor and only two or three orderlies, but where the patients were properly tended and nursed by women nurses under a capable matron,* and where the enteric mortality was only 7·75 per cent. I painted no harrowing picture, based on these relative percentages, of the two thousand brave men who for want of similar attention and nursing (which most of them might have had) were sewn up in blankets and carried to the cemetery.

* Miss Maud Young, a colonial lady devoted to her work, and an admirable and untiring superintendent.

10. The difficulties of transport on the single line were then illustrated by a picture of the broken bridges at Norval's Pont and Bethulie, and by extracts from the diary of the P.M.O. on the same subject. These extracts extended from February 5th to April 10th.

Again, I failed to remind the House that my complaints were from observations made a month after the railway had been running over Norval's Pont, and nineteen days after the latest of the above extracts. Nor did I point out that the railway was not the only means of transport, and that the Irish Hospital, trekked by road all the way from Nauwport to Bloemfontein, and was thus enabled to perform early and notable work at the latter place.

11. Lastly, Mr. Wyndham argued that because the regular war correspondents did not write home similar accounts to mine, therefore they believed the things were inevitable. "They had seen war before, and having had experience of war they grasped the conditions of war and all that it means."

I did say that this was not my first experience of war ; and I made some remarks on the press censorship, a subject to which allusion has already been made in the first chapter. But I did not cite the case of Mr. Julian Ralph, one of the ablest and best known correspondents at the front, but with whom I have only the slightest acquaintance and had never discussed the subject. He had had large opportunities of observing the treatment of the sick and wounded at Bloemfontein and previously, and he wrote nothing to his paper about it until he had arrived home and was free from the control of the censorship. Then he published an

article* which began with the words, "I am able to bear out much of the worst that Mr. Burdett-Coutts has written about the treatment of the sick and wounded with the army in South Africa"; and went on to describe the 2,500 patients at Bloemfontein "in a large proportion left to lie on the ground and be nursed by ignorant and slovenly 'Tommy' attendants: they lay in water, they were rained on, and the sanitary arrangements," etc. etc.; and concluded thus, "I have no hesitation in saying that I considered the treatment of the sick and wounded (especially after the main advance from Modder River) primitive, cruel, and almost barbaric, as well as needless and inexcusable."

Such is a brief summary of Mr. Wyndham's speech and a very incomplete indication of some of the answers which were at my disposal to make to his main points. Who can say that I had the monopoly of the "domain of art"? Compared with the Under-Secretary, I appear but a humble Associate before the President of the Royal Academy. Again, Mr. Wyndham blamed me for not "hinting at many other facts and many other things which ought to have been presented at the same time in order that a just estimate and judgment might be formed on the matters." If I erred in that respect in "Article IX." I erred ten times more in the same way in my speech, for the benefit of my critic. I did not present these, which were answers of fact, not of argument. I withheld them because, as I have said, the position taken up by the Government at the opening of the debate was very different from that which was indicated at its close—in my humble

* *Daily Mail*, June 29th, 1900.

opinion, most unfortunately—and which was subsequently pressed against me personally by a more powerful minister than the Under-Secretary with an insistence which I have never been able to understand.

Moreover, it was not my duty or my purpose to argue. I had to take up and continue the story I had begun in the *Times* article, which this parliamentary episode had rudely interrupted, and which I should have much preferred to complete with the deliberation of method and language natural to a written exposition. I was ill-equipped for the task before me. Not in facts, for my wallet was full and running over with them. But having little time for preparation I strayed into some bye-paths and failed lamentably in compression and lucid arrangement. Suffice it to say that I can never be grateful enough to the House for the patience and generosity, and in some quarters the obvious sympathy, with which it listened to this long-drawn and melancholy recital from one who had no claim on its attention save that of an eye-witness, and no means of persuasion except sincerity of purpose.

CHAPTER IV.

SPEECH IN HOUSE OF COMMONS, JUNE 29.

LORD ROBERTS. THE DOCTORS AND NURSES.

BLOEMFONTEIN ; THE TOWN HOSPITALS. PRIVATE HOSPITALS ; NURSES. QUALIFICATIONS OF SPEAKER. BLOEMFONTEIN ; FIELD HOSPITALS. OVERCROWDING. PATIENTS ON THE GROUND. MOVING PATIENTS. DELIRIOUS PATIENTS WANDERING ABOUT CAMP. HOUSES SHOULD HAVE BEEN TAKEN. DEFICIENCY OF *PERSONNEL* ; NURSES. DEFICIENCY OF EQUIPMENT ; THE TRANSPORT. THE GENERAL HOSPITALS ; A TENTED CITY OF PESTILENCE. NO CLASSIFICATION ; NO KITCHEN. TWENTY NURSES FOR 1,700 PATIENTS. UNTRAINED PRIVATES AND NURSING ORDERLIES. CONVALESCENTS AS NURSING ORDERLIES.

IN THE FIELD ; FEW WOUNDED. THE DISASTER TO THE MIXED SQUADRON. THE UBIQUITOUS NEW SOUTH WALES AMBULANCE ; MAJOR EAMES. A TEMPORARY HOSPITAL.

KROONSTAD ; ABSENCE OF *PERSONNEL* ; STATIONARY HOSPITALS. OBSOLETE EQUIPMENT ; BEDS ; TENTS. CAPACITY OF FIELD TRANSPORT. WANT OF A STATIONARY HOSPITAL SYSTEM. WANT OF FORESIGHT AND PREPARATION. CONVOYS WITHOUT DOCTORS OR ORDERLIES. A BAD CASE. A WORSE ; THE RAILWAY PLATFORM AT BLOEMFONTEIN. WAS PROVISION MADE IN TIME ?

BACK TO CAPE TOWN. A CONVALESCENT HOME AT THE BASE. A STATIONARY HOSPITAL AT THE BASE. WOODSTOCK HOSPITAL.

EVIDENCE ; THE CENSORSHIP. EVIDENCE ; THE SOLDIER'S RELUCTANCE. RESPONSIBILITY FOR DEFECTS. THE REAL EVIDENCE.

I have mentioned in the last chapter a few of the things I did not say on this occasion. This is what I did say.

*MR. BURDETT-COUTTS (Westminster) : I feel that I must in one respect ask the indulgence of the Committee. I was perfectly well aware that I returned single-handed to face a tremendous combination of influences and impressions. I am aware that I have taken upon myself a great and grave responsibility. But it is not on that account that I ask the indulgence of the Committee. I am not afraid of the responsibility. What I ask is that, in stating a case so important from a national and every other point of view, any personal shortcomings of mine should not be allowed to interfere with the Committee in judging the question upon its merits. I am bound to make one or two preliminary remarks.

LORD ROBERTS.

In the first place, with regard to Lord Roberts, I desire to take this the only opportunity I have had after having seen Lord Roberts's work to pay my tribute to the great services rendered to his country by that distinguished soldier, and to say I believe that no kinder or more humane heart breathes than his, who braced himself to a great public duty under very painful circumstances. But I must refer to Lord Roberts in regard to another matter. I observe that in his published correspondence Lord Roberts makes a personal reference to myself. I must therefore ask to be allowed to make a personal explanation in regard to that. Lord Roberts states that if I had called upon him at Kroonstad he would have explained certain matters to me. Immediately after my arrival at Cape Town I wrote to Lord Roberts a somewhat long letter fully explaining the objects of my visit to South Africa and asking permission to join the troops at the front. I received no reply to that letter: but I am bound to say that at the time Lord Roberts received it he was fully occupied with other and more

* Hansard, June 29, 1900, vol. 85, cols. 104-26..

important matters. The day after my arrival at Bloemfontein I called upon Lord Roberts, but was unable to see him. I did see a member of his staff, and that gentleman argued very strongly against my being with the troops at all, stating, amongst other things, that if Lord Roberts desired to make a report to the public upon this matter he would make it, founded upon reports sent to him from his principal medical officers. I could not avoid replying that that theory would do away with all correspondents at the front, adding that this was a matter in which the public were deeply interested and with regard to which they might possibly be glad to have some independent and full information. However, I quite accepted the position, and was not altogether sorry, because it left me free to make my inquiries in a perfectly independent manner. With regard to Lord Roberts I wish to say one thing more. However generously he may take upon himself the responsibility for all these things, I do not believe that anyone will allow it to rest upon his shoulders. When we consider that the Commander-in-Chief of an army of 200,000 men, operating in different columns in divers parts of the country, has to hold in his head and his hands all the complicated plans and threads of these operations, it is absolutely impossible to expect him to supervise, or even to inform himself as to details of, a medical system.

THE DOCTORS AND NURSES.

There is another remark I ask leave to make, because I see that one of my public critics—one of those two gentlemen I have felt compelled to criticise very strongly—began an answer to my statements by saying that he thought the public ought to know that the doctors and nurses had not acted with brutality. Has there ever been a suggestion of that kind in any letter or published utterance of mine? On the contrary, I have given every possible credit to the loyalty and devotion with which those who have had the care of the patients have acted, and I take this opportunity of expressing my deep regret that many—far too many

of them—have lost their lives in the performance of their noble task.

BLOEMFONTEIN—THE TOWN HOSPITALS.

Unfortunately, in the course of my informing the public upon this subject, the last chapter, so to speak, was not completed. The article upon which this debate is founded broke off at a field hospital at Bloemfontein, and it has not been possible for me to put forward the rest of my account of Bloemfontein, which was to have started with a description of the town hospitals. There were eight hospitals in that town, and they accommodated at first about 700 patients. Some of these hospitals were then in a fairly good condition; there were three which had nurses resident in them at the time the troops arrived, who confined their duties to these hospitals. I heard a great many complaints of the imperfections of the other town hospitals, and a great many accounts of the sufferings of the patients in the early days. I never had the slightest intention of giving any publicity to those accounts, simply because I knew that the equipment of those hospitals was the outcome of a forced march, and because, until the railway was opened I did not think it fair to criticise them. The hon. Member who has just sat down—the Under Secretary of State for War—made a great point of the forced march and the difficulty of carrying equipments for hospitals, but I might state here that, after the railway was opened, there was one of the hospitals containing typhoid patients which had no disinfectants of any kind, and another in which the corpse of one of the patients who had died during the night had been stuffed into the only lavatory there was in the hospital. It was found by the patients who went to use the lavatory in the morning. That is a question of management. But as to these hospitals, they were, on the whole, in a fair condition when I arrived at Bloemfontein. Most of the sick or wounded officers went into them; but some officers went into the private hospitals, which were moved up to Bloemfon-

tein after the first month. A few officers went into the general hospitals.

PRIVATE HOSPITALS : NURSES.

The private hospitals, as the right hon. Gentleman has said, all did admirable work, but I may say they were considerably hampered by the absence or deficiency of nurses; a deficiency solely due to the objection of the Department at home to allow them to take out sufficient nurses in the first instance. They had all been anxious to have a proper quota of nurses, but their request had been refused by the Army Medical Department here.

QUALIFICATIONS OF SPEAKER.

Now, may I venture to say a word with regard to myself? I went out to South Africa because I believed that this was a question which greatly interested hundreds of thousands of people, and I was determined that if the treatment of the sick and wounded was satisfactory the public should know it, and that if it was not satisfactory they should also know it. I want to ask two questions in my own defence. In the first place, am I a sentimental witness? My experience of war was gained in the Russo-Turkish war. That was a barbarous war—a war in which there was practically no medical service on the Turkish side. I only recall this to show that I am the last person to be *exigeant* with regard to the treatment of the sick and wounded in war. Then, am I a prejudiced or an unfair witness? I appeal to the series of articles I have published, and which described the base hospitals at Cape Town. Those hospitals were in an admirable condition when I arrived at Cape Town, and I appeal to everyone whether I have not given every possible credit to, and the most favourable picture I could possibly portray of, those hospitals? There is an article of mine published this morning which gives a long account of one of them. The detail into which I have entered proves, I think, that I have been careful in my examination of the hospitals, and the favourable view I have expressed proves the fairness with which I have acted.

BLOEMFONTEIN.—FIELD HOSPITALS.

Now I come back to Bloemfontein. There is one word in my published letter which I regret, and only one; and that is where I speak of the field hospital I have described as an "illustration," without having guarded that phrase by saying it was the worst field hospital there. It was undoubtedly much the worst, but the other field hospitals had no attempt at beds, not sufficient stretchers, insufficient staffs, and were altogether, if they were to be occupied for any length of time, unfit, to my mind, for that purpose. Now I want to explain to the Committee a point which I think has been missed in treating of these field hospitals. The Under Secretary gave a description of the use to which a field hospital is put when it accompanies troops, and how impossible it is to equip it with the equipment of a stationary hospital. I quite admit that that is the case when the hospital accompanies troops, but the Committee must remember that this hospital was not accompanying the troops. It was stationary outside Bloemfontein, within less than a mile of the town, and it has frequently happened in this campaign that where a field hospital was to be used as a stationary hospital it was treated and equipped as such. The chief authority on this subject, Colonel Stephenson, states most emphatically that "where a field hospital is going to be occupied for any considerable time, every effort should be made to raise the patients from the ground." With regard to this particular hospital, there is no need to labour the point, because on the occasion of my first visit to the hospital the officer in command of it told me it was going to be a stationary hospital.

OVERCROWDING.

With] regard to that hospital, and as regards the question of overcrowding, I think my description has been read by most members of the Committee, of the state of things which I witnessed there. Well, I declare that every word of that description is absolutely true, and a picture of what I saw with my own eyes. But

I cannot examine the reasonableness of the impression produced upon my eyes except by an appeal to figures. As I stated, there were ten men crowded into a bell tent. The measurement of a bell tent is known; I cannot give it to you exactly. But I see it is stated in a letter in to-day's *Times* that bell tents hold sixteen people. All I can say is that they do not hold sixteen patients. Possibly sixteen people might be crowded into them, but how I cannot imagine. Ten patients, at any rate, are so crowded that when you want to speak to a sick person—a man whose voice is so weak that it cannot reach you standing—and you kneel down and put your face close to his, you have to kneel on one knee and put the other foot behind, because there is not room to put both knees side by side.

PATIENTS ON THE GROUND.

I am told by one of my critics that it is not true that patients lay upon the hard ground. All I have to say is this—that there were 316 patients in the field hospital, and I saw the greater number of them lying on the ground on a single blanket each and a thin waterproof sheet. I doubt if all the patients had waterproof sheets. I adduce in support of this statement the fact that that field hospital had half the equipment of an ordinary field hospital. It had been divided into two on the march. An ordinary field hospital has 100 stretchers, and, therefore, this should have had fifty; but eight of these had disappeared, and there remained forty-two stretchers in the hospital. There were 316 patients, and, therefore, as I stated, there were 274 patients who had to lie on the ground. I have further to state that these figures and all the figures which appeared in my article on this subject were given to me by the medical officer commanding and in charge of the hospital.

MOVING PATIENTS.

I observe that in the cabled messages, of which we heard quotations just now, Lord Roberts states as the reason for not vacating these hospitals that the

patients were not fit to be moved. I have given an instance where, unfortunately, at the close of the career of the hospital, twenty patients who ought never to have been moved were moved—three or four of them in a most critical stage of a dangerous disease. Anyone who knows about typhoid knows the local conditions of it. They were put into ox waggons. There were no ambulances. This was two months after our entrance into Bloemfontein. The men were put into these waggons and jolted over the veldt, over the roughest possible ground, and one man was in that stage where his case was hopeless. They were taken to another and more permanent hospital. I have stated in the press that four of these men died in a few days.

DELIRIOUS PATIENTS WANDERING ABOUT CAMP.

There is another remark I might make under the head of the field hospitals, and that is with regard to the insufficiency of the *personnel*. Such was the insufficiency of orderlies that patients could not be prevented when in a delirious state from getting up and wandering into the cold air at night. The hon. Gentleman the Under Secretary of State for War has referred to a case, and for some reason or other—I did not quite catch the argument—inferred that it was a solitary case. Why, it happened not only in this hospital but in many other hospitals night after night, solely on account of the insufficiency of the *personnel* and the insufficiency of men to take care of the patients.

I could give the hon. Gentleman other instances, but I will not detain the House. I can only take the hon. Gentleman's arguments and reply to them by facts, which I must state in the interest of bringing out the truth in this matter. I greatly regret if I have erred in decorum, or in the judgment of the House, in not rising first to speak. I considered the subject, and it appeared to me that I had laid a charge, and I thought that I might reasonably expect to hear what explanation the Government had to give. I desired to give them an opportunity of making a statement of their case. Of

course, it is perfectly competent for the hon. Gentleman to reply to me, as we are in Committee.

HOUSES SHOULD HAVE BEEN TAKEN.

The first thing that struck me when I saw the crowded state of these field hospitals surrounding Bloemfontein was why more houses and more buildings were not taken to supply hospital accommodation. As I have shown, there were seven or eight buildings taken, which contained an aggregate of 700 patients at a time when there were 2,200 patients in and around Bloemfontein. There were three considerable hotels in the place, there was the town hall, there were large stores, all of which might have been turned into hospitals. In addition to these there were a considerable number of most comfortable private houses which were not occupied by their owners. Their owners had left the town. The houses had grounds around them, in which tents for the attendants might have been placed. Why were they not taken for hospitals? Houses were taken, and legitimately taken—I am not making any complaint—for staff officers and military authorities. [Opposition cheers and Ministerial cries of “Oh, oh!”] I do not make that remark—[Opposition cheers and renewed cries of “Oh!” and an hon. Member: “Shame!”] Well then, I repeat—and I say it without any *arrière pensée*—that such houses were taken as residences for military officers, and I could not see any reason why many more of them should not have been taken for the men who were allowed to remain ill in the tents. I am not saying that the staff and the military officers and authorities should have given up houses that they were in; I am only arguing that there were other houses there that could have been taken for hospitals. The real reason was that there was no one and nothing to put into them in the way of medical *personnel* or medical equipment.

DEFICIENCY OF PERSONNEL: NURSES.

With regard to *personnel*, I do not claim that the *personnel* suitable to these hospitals should have come

with Lord Roberts on the forced march to Bloemfontein. But a comparatively few days after the road to Bloemfontein—for the deviation at Norval's Pont was open—was clear, and troops were constantly coming up in numbers: even supplies were coming up. It would have been perfectly possible to have sent up doctors and orderlies. I also say it would have been possible to have sent up nurses, because the road was safe and Bloemfontein was safe at that time. With regard to nursing, I considered myself, like a great many others, that the evils which occurred at Bloemfontein were owing to the absence of a proper female nursing staff. They might have gone there if they were in the country in sufficient numbers. They might have been there by 1st April, and they might have been there in greater numbers by 15th April, and hundreds of them might have been there at the end of April, the date at which I saw what I have described. There was no possible reason patent to the eye there why they should not. The nurses of the three extemporised hospitals were there. The women of the town population were there, going about their normal occupations. But the women nurses of England were not there to attend to those soldiers, and if they had been I believe a great many lives might have been saved.

DEFICIENCY OF EQUIPMENT: THE TRANSPORT.

I now come to the question of the equipment of these hospitals, which involves the question of transport. The hon. Gentleman has given a very graphic and, in some respects, a powerful account of the difficulties of transport to Bloemfontein. I had myself made some very careful calculations on this subject, but I will not trouble the Committee with them, because I think the hon. Gentleman has eased my way. The Under Secretary said that 1,000 tons of material came up to Bloemfontein every day for forty days. I ask, supposing one train a day—I believe there were twelve luggage trains per day—had contained some hospital equipment, what an enormous boon it would have

been to those poor people who were there? As far as I can make out, there was no provision for hospital equipment coming up to Bloemfontein at that time. I have stated very clearly what my own position is, and what I feel, with regard to the relation between military exigencies and humanity—that, where military exigencies are entirely incompatible with the proper treatment of the sick and wounded, military exigencies must come first, but that where considerations of humanity can be carried out by a reasonable inroad upon military exigencies—that is to say, by something that will not endanger your military success—humanity ought to be considered. I want the Committee to consider for a moment what the position was in Bloemfontein. The greatest pressure of sickness came, I think, in about the second week of May: I was with the troops on the march at the time. For six weeks previous to that time the railway had been running freely, and all these luggage trains and troops had been moving up. Many of us, and, I fancy, many other people in the world, were very much astonished at the long delay at Bloemfontein. I do not say it was unnecessary; it is not for me to express an opinion upon that. All I say is that there was no apparent necessity, and I cannot conceive anybody showing a positive reason why the general advance from Bloemfontein seven weeks after the troops arrived there should have taken place on the 1st rather than on the 2nd or 3rd May. My point is that one day's trains on that railroad would have saved the whole position as regards the sick and wounded, and unless it can be shown that there was an imperative necessity for the general advance taking place on that particular day, I think the facts show that the necessities of the sick and wounded were postponed for considerations which were not in any way vital or important from a strategic point of view. I have spoken of what seems to me to have been a very unnecessary delay in sending up the equipment. I am bound to weary the Committee somewhat, because I am dealing with the facts of the case, which are rather full. No. 9 general hospital arrived

in Bloemfontein on the 8th April, and the tents were erected. They stood there perfectly empty until the 22nd April, because there was no *personnel* and no equipment of any kind to put into them. The heaviest parts of the hospital had been brought up; the lightest part was kept back or not brought up for a whole fortnight, although every day the working of the railway was becoming easier. I cannot conceive any reason, except disorganisation, which separated that hospital, which might have contained 520 patients, from its equipment, which was necessary before the patients could go into it. I should be the last to minimise the difficulties of transport to Bloemfontein, and it has been suggested that there were broken bridges and all that sort of thing; but the time with which I have dealt covers a period from the 1st of April to the end of May, during the whole of which the railway was open, at first by a deviation, and afterwards over the bridge. From the great number of trains which came up every day to Bloemfontein, and the character of the material which they carried, I myself was more and more astonished that the equipment of these hospitals was not brought up.

THE GENERAL HOSPITALS: A TENTED CITY OF
PESTILENCE.

Now I come to another question. I have spoken of the two general hospitals, one of which came up on the 22nd April, and the other somewhat later. Those general hospitals were capable of holding, in the first instance, 520 patients. I think the limit of 520 which has been applied by the Army Medical Department to a general hospital is a very wise one; I do not think it is advisable to crowd more than that number together in one locality and with one set of tents. But these two general hospitals were stretched to the extent, in one case of 1,500, and in the other 1,700 patients. No. 8 with 1,500 patients was placed in a good position about a mile from the town, and I cannot speak of it from personal observation, because before I left Bloemfontein it was hardly ready, and I had not time to see

it on my way down from the front as I passed through Bloemfontein. But No. 9 general hospital, by containing 1,700 patients, to my mind was a tented city of pestilence.

NO CLASSIFICATION: NO KITCHEN.

There was no attempt at classification. You had men carried or staggering in, one under a disease called "N.Y.D.," and another under a disease called "S.C.F." "N.Y.D." means "not yet diagnosed"; and "S.C.F." means "simple continuous fever." These patients were placed one on either side of a typhoid patient. I ask what hope or chance had these two men of escaping the deadly disease of the man between them? In many of the hospitals there was this absence of classification. I do not say that in all cases it was possible, but at least in a hospital where the patients could be placed in separate tents, it was possible, and this want of classification was one of the greatest evidences of the want of management that I saw under the Army medical system there. This hospital had no kitchen: the food had to be cooked outside in pits. It was what is called a non-dieted hospital, which means that it had no special arrangements for making those delicate diets which are necessary to fever patients.

TWENTY NURSES FOR 1,700 PATIENTS.

At the end of two months after we got to Bloemfontein it had only twenty nurses for 1,700 patients. Of course, it is open to anyone to object to female nurses in military hospitals altogether—that is a perfectly legitimate position to take up; but if you have female nurses at all I am justified in complaining of the number of nurses there were in this and many other hospitals. It is a number founded on the old Army medical theory that a nurse is not to nurse, but is simply to superintend the men in nursing.

UNTRAINED PRIVATES AS NURSING ORDERLIES.

I do not know exactly the number of orderlies there were in the hospital, but the great proportion of them

were entirely untrained private soldiers taken from infantry regiments. I want the Committee to consider for a moment what this means. I do not know that I can put it better than by suggesting that if any hon. Member here had a typhoid patient in his house it would be an absurd thing for him to go into the street and call in a navvy and say to him, "Nurse me that typhoid patient." I do not say that a private soldier who is used as a hospital orderly does not do his best. Of course, he does his best. But he has absolutely no knowledge and absolutely no training, and no one will suggest that he has the natural tenderness of touch which would make him any more suited to be a nurse than any other man from the working classes.

CONVALESCENTS AS NURSING ORDERLIES.

And a great many of these orderlies—these untrained private soldiers—were convalescents. I protest against the use of convalescent soldiers as orderlies in a fever hospital. What does it mean? It means that a man who has only just got up from a serious illness, who is still ill and weak and unable to concentrate his attention, who wants rest, fresh air, and quiet, is sent back into these fever-stricken tents to breathe the same bad air and to see these horrible sights, when he is too weak to perform the proper duties of a nurse, and when his faculties of watchfulness and attention are so enfeebled that he goes about his work drowsily, and is really incapable of discharging the duty. All over the hospitals at the front convalescent private soldiers were employed as nursing orderlies, and it seems to me it was a most inhuman practice. If there had been a sufficient number of properly-trained attendants, it would have been absolutely unnecessary.

IN THE FIELD: FEW WOUNDED.

The hon. Gentleman the Under Secretary of State for War said something about my not bringing forward any new matter. I have a great deal more

new matter which I think the Committee ought to hear, but I wish to submit myself entirely to the judgment of the Committee. I will be as brief as possible. ["Go on."] I started with the troops from Bloemfontein, but unfortunately, or perhaps fortunately, I did not succeed in seeing any real action. I wanted to see the treatment of the wounded on the field, in order to complete my inspection. I did my best, but with a front extending so many miles, and the enemy not holding any position very strongly, I found it very difficult to find any real action going on. But as far as I could see the ambulances and doctors with the troops while on the march were fairly sufficient. I do not say they were absolutely sufficient, but they were fairly so. However, I do not feel really qualified to express an opinion about that.

THE DISASTER TO THE MIXED SQUADRON.

But I feel bound to state that on one occasion the following incident came to my notice. I heard some firing a few miles off on the left, and some other firing on the right. I went in the latter direction; but on the left there had been a very serious mishap to our troops—the disaster to the mixed squadron composed of Inniskillings and Scots Greys, who were cut up by an abuse of the white flag at a Kaffir kraal. They were only four miles from their brigade. It was known, of course, by their brigade that they were to occupy this position. The action took place at nine o'clock in the morning, and the Boers retired shortly afterwards. But no one came near these wounded soldiers until half-past four in the afternoon. The firing could be heard, and I could not understand why, if the brigade was properly supplied with ambulances and doctors, these wounded soldiers should not have been attended to.

THE UBIQUITOUS NEW SOUTH WALES AMBULANCE : MAJOR EAMES.

As a matter of fact, about half-past four the bearer company of the New South Wales medical contingent

came up. I may tell the Committee this contingent is one of the finest specimens of medical service seen in the war. It consists of a bearer company and field hospital, perfectly disciplined and wonderfully efficient. Great use has been made of it wherever it has been, and its units have been broken up and taken in different directions. It is entirely composed of civilians, and the most eminent doctors in Australia are serving freely upon it. The particular officer in command of this bearer company which came to the rescue of these men was a certain Major Eames, who was always, if his own brigade was not fighting, cruising about with his bearer company to assist anybody in distress, and fortunately he found these men.

A TEMPORARY HOSPITAL.

He took them to a tin house on the railway, and formed a temporary hospital there. He supplied all the necessaries he could, and then left the men in charge of a medical officer and rejoined his own brigade. I came across these wounded later on. Many of the men were in a very dangerous condition; four of them died that night. Two days afterwards the doctor who was left in charge of these men received an order to evacuate this hospital and send the wounded away, and ox-waggons were sent for the purpose. He was a civilian doctor, and he protested, but his orders were very express. He did, however, insist on keeping three officers there. It seemed to me to be a strange thing that the men who were dangerously wounded—for he did not disguise the fact that the lives of these men were endangered by their being moved—should be taken away from that hospital while officers should be left in it. Of course, I can understand circumstances under which it would be necessary to evacuate a hospital of that sort, but if the doctor was compelled to send the men away while he was allowed to keep the officers, there seems to me to have been some unfair distinction.

KROONSTAD : ABSENCE OF PERSONNEL ; STATIONARY
HOSPITALS.

I now come to Kroonstad. We arrived at Kroonstad on a Saturday. On the Thursday after, an endeavour was made to equip two buildings—a church and an hotel—as hospitals; but there was absolutely nothing to put into them. There were 300 patients, but there were only two doctors; there were no nurses and no trained orderlies. There were four untrained orderlies in the church with 115 patients, and there were four more in the hotel with about 160 patients. I remind the Committee that I went up with the troops; dozens of other correspondents went up with the troops; innumerable attendants and nondescript people of different positions in addition to the Regular army went up with the troops; why, then, could not doctors and orderlies have gone up with the troops? If, as it has been maintained by the Under Secretary of State for War, there had been a sufficient *personnel* in South Africa, there was no possible reason why that *personnel*, putting aside the nurses if you like, should not have been at Kroonstad on the day we arrived there, ready to take their place in these hospitals. Then we come to the question of equipment—that is to say, beds, and so on.

OBSOLETE EQUIPMENT : BEDS, TENTS.

I will not detain the Committee by stating certain facts concerning the beds. There are very light collapsible beds, which can be used in emergencies, hundreds of which can be packed into one waggon. I would suggest that in this matter there has been a great want of prevision and a great amount of obstinacy on the part of the Army Medical Department. They use a tent which is called a marquee, but it was perfectly well known to them from the first that there is another hospital tent, called the “Tortoise” tent, which weighs half as much as a marquee, and yet holds two more patients. The Department knew that transport was

going to be the great difficulty—that is the argument of the Under Secretary of State; they also knew that the tents formed more than half the weight of the hospital; and yet they did not take the trouble to provide themselves with the class of tent which would lessen the weight by one-half.

CAPACITY OF FIELD TRANSPORT.

I want to make my point quite clear about these hospitals at Kroonstad. We were followed by the army supplies, the transport service, and so on. There was a long train of bullock-waggons, each waggon capable of carrying between 6,000 and 7,000 pounds nett.

SIR HOWARD VINCENT (Sheffield, Central): Not with a convoy.

MR. BURDETT-COUTTS: My information comes from the head of the Army Service Corps, but it doesn't make much difference to the argument.

SIR HOWARD VINCENT: Never mind.

MR. BURDETT-COUTTS: I cannot say how many bullock-waggons there were, but I made a calculation that if the army started with rations and forage for five days' supply—and I believe that was considered to be the minimum with which they ought to start—there would be something like 360 bullock-waggons in the Army train. Will anybody tell me that a train which contained 360 bullock-waggons could not have contained four or six more for hospital equipment? The proposition is absurd. There is no fixed limit at 360. If the Department had had the prevision to prepare these hospitals for Kroonstad it would have been perfectly easy to obtain the equipment and *personnel*.

WANT OF A STATIONARY HOSPITAL SYSTEM.

The great vice, the great fault and error at the front has been the absence of a proper system of stationary hospitals—that is to say, hospitals which may possibly want tents, but which can generally be put into buildings on the line of march. An army advancing under ordinary circumstances does not leave its communica-

tions in danger; therefore the line between the army and its base is a continuous line of stations which are fairly safe, strategically speaking, and in these stations what are called stationary hospitals naturally find their place.

WANT OF FORESIGHT AND PREPARATION.

On the question of preparation, I want to ask why, in all that idle time after the black week in the middle of December, if this equipment was there, was it not pushed up that 500 or 600 miles to De Aar, the rail-head? If it had been there when the communication was established with Bloemfontein, the greater part of the distance would have been traversed, and it would have been perfectly possible and easy to have got that equipment further on. But during that period, as far as I know, nothing was done in the way of moving up any equipment to the front. It is not as if there was any uncertainty about our progress. The way was marked out clearly before us; we knew we were going to pursue it to the end; and certainly the equipment might have been got up to the rail-head, as it then was, in order that when the road was open, the road being practically a railroad, these stationary hospitals could have been established. I saw all through the ultimate result of this neglect of prevision. But I have not done with Kroonstad. There I saw the patients brought in from the field hospitals. They were carried by untrained hands. They were put down on the floor with no one to attend to them, although many of them were in dangerous stages of illness. The doctors themselves complained bitterly of the want of assistance.

CONVOYS WITHOUT DOCTORS OR ORDERLIES.

In consequence of the absence of stationary hospitals there, or of any proper hospital accommodation, convoys of sick and wounded moved off in ox-waggons—not ambulances, but ox-waggons, the bottoms of which are shaped like a V, so that the men cannot lie flat. I saw convoys of 150 sick men in various stages of

illness, and many wounded men, put into these ox-waggons and sent a journey three days and nights over the veldt, with its burning heat at mid-day and its freezing cold at night, without any extra clothing, without any pretence of medical comforts, without any medical man, without any trained orderlies to accompany them. I saw one of these convoys stop at a station on the railway, and the man in charge of the convoy came to a doctor who was there and said, "I have got a man here who is dying: I have got no medicine, and I do not know what to do with him." The doctor, who knew something of the regulations, and that even under the Army Medical Department it was not only illegal, but a crime to send a convoy of sick and wounded away without a doctor, asked the man, "Are you in charge of these patients?" The man said, "No, I am not in charge of the patients: I am in charge of the list." That was the only attendant sent with this convoy for three days and nights over the veldt, and there was another convoy of 150 sick and wounded who were treated in exactly the same way. ["Shame!"]

A BAD CASE.

I do not want to pile on these accounts, but at the same place a man came into the house whose history I will tell the Committee. He had had enteric fever; he had been on milk diet for three weeks; he was sent immediately from that to rejoin his regiment. He was sent with a detail, of course by road, and he stopped at this particular place I am describing. As soon as he got on his horse the first day he tumbled off; he tumbled off his horse five times; the next day he kept tumbling off, but the men helped him on again, and he tumbled into this tin house a dead man. He had been sent on this journey to rejoin his regiment after he had been on a milk diet for three weeks, without the slightest rest or period of convalescence. These are incidents which I could go on multiplying, but it is not by my own wish I have already taken up so much time.

A WORSE: THE RAILWAY PLATFORM AT BLOEMFONTEIN.

I will come back to Bloemfontein once more for a moment. This was on the 23rd May. The troops, you will understand, were at Kroonstad. Bloemfontein was perfectly well equipped by that time, except that it was the scene of the pressure of enteric which I have described. On the 23rd May I was informed there were eight wounded* men lying on the platform at Bloemfontein station. I went down and saw those men lying on the platform. They had arrived at Bloemfontein after a fifteen hours' journey in open trucks, at six o'clock in the morning; they were out on the platform, and there they lay until half-past three in the afternoon with absolutely nobody to attend to them. ["Oh, oh!"] Bloemfontein was as safe and comfortable then as Bloomsbury. The Railway Staff Officer telegraphed at eleven o'clock to the Principal Medical Officer in the town saying these men were there; but no one, doctor or orderly, came near them the whole of that time. Early in the morning there happened to be a hospital train in the goods station close by; some of the sisters heard of these wounded men and went to them, and gave them two tins of condensed milk and a tin of beef-tea, and these were shared by the eight sick men and several others. The station was in full swing: porters, passengers, and so on were walking about, but these men were left unnoticed. Four of them were dying.† I knelt down and put my face close to theirs, but could hardly hear their whispers; I tried to get names and regimental numbers. I say that to allow those men to lie there from six o'clock in the morning until half-past three in the afternoon was a disgrace. At last, the ambulance of the Irish Hospital—which is a magnificent hospital, and has the great advantage of having its own transport—

* I found they were not wounded, but sick.

† I should have said "appeared to be dying," for I do not know that more than one of these men actually died. They were very ill, and in a distressing condition.

came down to the station, and took these men away. I believe that two of the men died afterwards.

WAS PROVISION MADE IN TIME?

I do not know that I want to argue the case further with the Under Secretary of State for War. He has given a contrast between the *personnel* in South Africa on the 15th January and that on the 15th June. By the 15th June the tragedy was over. It is no use to quote the number of people there on the 15th June. What I want to know, and what the Committee and the country want to know, is when these people went out. It throws no light on the occurrence to tell us that there were so many people there on the 15th June. My whole point is that we have not been prepared, that there has been no prevision. I think that point ought to have been answered by stating whether, on the 1st March—to take a very easy date—there was a *personnel* in South Africa sufficient for the requirements of the situation. If the hon. Gentleman can tell me that, I, as a loyal member of his party, should be only too glad to hear it.

THE FIRST LORD OF THE TREASURY (Mr. A. J. BALFOUR, Manchester, E.): He has told you.

MR. WYNDHAM was understood to say he had not the figures for any particular date, but that he had already given one figure with regard to the 16th April, and that medical equipment and *personnel* had proceeded on the same scale throughout—namely, 10 per cent. of beds to the numbers despatched to South Africa.

MR. BURDETT-COUTTS: I am glad to have made this point clear. I shall be all the happier if we can localise the responsibility for these deficiencies in South Africa. My own personal opinion is that the fault lay not here, but in South Africa. But I think I was within my right in calling attention to the fact that to contrast the number there on the 15th January with the number there on the 15th June does not really answer

the question whether they were there in time. The epidemic and the great pressure was in the month of May. I have come back to Bloemfontein. I will not pause on the long journey between there and Cape Town.

BACK TO CAPE TOWN.

With regard to Cape Town, as I found it on my second visit in the first week in June, I have not a very favourable report to make. The two general hospitals at Wynberg had been admirable, and, I think, remained so. The normal number of patients in each was 520, but they had been extended so that at one time one accommodated 1,400 and the other 1,200 patients. The staff and nurses of No. 2 hospital at Wynberg have now been ordered to Bloemfontein, with the result that the twenty-five nurses in No. 1 hospital have now to attend to the 2,000 patients at present in both hospitals. There again, it seems to me, with hundreds and almost thousands of nurses in this country ready and willing and anxious to go out to South Africa, a position of that sort might have been relieved by a little care and attention on the part of the authorities.

A CONVALESCENT HOME AT THE BASE.

A Convalescent Home had been established at Maitland Camp, about two miles from Cape Town. I have urged throughout the establishment of Convalescent Homes in order to relieve the hospitals of their patients. I visited that at Maitland Camp, then only just established, and these are my notes. "Saw convalescents in new huts. There are huts erected for 150 men—ten huts—but they are bare and miserable. There are no beds or conveniences, and the men lie in blankets on the floor. How far these men are convalescent I cannot say; I found several of them in bed at three o'clock in the afternoon. The ordinary idea of an Army convalescent is that he is a man fit for duty. I found one of these a man in the Australian Horse, with a very

high temperature and quick pulse. He had had enteric and bronchitis, and spoke with difficulty. He had been at Wynberg for a few days, and was then sent on to Maitland Camp. He was formerly at No. 9 at Bloemfontein"—which happens to be the general hospital I described. Another man was suffering from dysentery. He was on a milk diet, and had had no milk for four days. All this was happening within two miles of Cape Town, where every convenience might have been provided. Now, who were these people in charge of? They were in charge of a sergeant—not a trained sergeant of the Army Medical Corps, but an untrained man, himself recovering from enteric. I had a long talk with him. He told me no doctor attended them unless he (the sergeant) went for him. Therefore it was left for this untrained man, knowing nothing at all about medicine, to say whether the man on the floor required a doctor. After a conversation with the man on the floor I sent a doctor to him, but the sergeant did not know that he wanted one. I afterwards heard that he was dangerously ill.

A STATIONARY HOSPITAL AT THE BASE.

In the same camp there is an institution called the Yeomanry Hospital. I want to distinguish this entirely from the magnificent hospital at Deelfontein, which is one of the best managed and ordered hospitals it is possible to see. The one in Maitland Camp is called the Yeomanry Hospital because it is filled with Yeomanry patients; it holds fifty patients. It consists of one Cape hut with 6 inches of draught under its roof, and six bell tents, one tortoise tent, one doctor, and no trained nurses of any kind, orderlies or otherwise.

SIR HOWARD VINCENT (Sheffield, Central): Has the Yeomanry Hospital at Maitland any connection with that at Deelfontein?

MR. BURDETT-COUTTS: It has nothing to do with the Yeomanry Hospital at Deelfontein, which, as I have said, is excellent.

WOODSTOCK HOSPITAL.

— There is one thing I must call attention to here. There was a hospital at Cape Town, on my first visit, which was a disgrace to any army or any community, called the Woodstock. The building in which it was housed was an old building, condemned over and over again, yet it was taken to be used as a hospital for the troops who arrived from England in the transports sick. Everybody who came off a transport ill was put into this hospital. It was a horrible place, and full of vermin. I will read you a passage from a letter written by a surgeon-general, which appeared in the *Times* this morning (June 29):—

“As regards the ‘Woodstock’ Hospital he speaks the truth. The building is a discredit to any Government. When I reported on it in 1894, I stated that it was situated on the sea shore, that close in front one of the main sewers of Cape Town discharged its contents, which were driven back on the beach when the wind set that way, and sent a stench through the wards so bad that it was frequently necessary to close the windows.”

“Immediately behind ran the railway. On the right, within a couple of hundred yards, is the military cemetery: on the left some open ground, the resort of the bad characters of Cape Town.

“As regards vermin, I say there were none present during my incumbency, though the Cape Town barracks swarmed with bugs.”

Now in spite of its situation this hospital has been taken as a centre to create and establish around it a large tented hospital. Anything more injudicious than to choose such a position, when you have miles and miles of beautiful suburbs around Cape Town, I cannot conceive.

EVIDENCE : THE CENSORSHIP.

I have only one more remark to make. The Under Secretary for War referred to the fact that no other accounts had come home of all these imperfections. I do not think that is absolutely true; but I want to point out to the Committee—and this is a very important point—that we have had a great many favourable accounts of, a great many letters have appeared in the papers from patients in, hospitals

who have been well treated. But I want to point out that those letters, coming from other places dated at other times with regard to favourable treatment, cannot do anything to shake the specific statements which I have made. With regard to the correspondents, when the Under Secretary of State referred to the fact that there were no accounts from the war correspondents, someone interpolated the words "Press Censor." The right hon. Gentleman replied that letters were not censored. All I have to say is that if a correspondent wrote and published a letter showing the sort of thing I have shown, and its purport was telegraphed back there within perhaps two weeks and a half, I should not envy the position of that man as a war correspondent, the performance of whose duty largely depends upon the authorities whose conduct he might have impugned.

EVIDENCE: THE SOLDIER'S RELUCTANCE.

— There is one other point with regard to evidence. I do not deny it, and I think it is a very good trait in the British soldier—that he is very sensitive with regard to sickness. He does not like to make complaint with regard to his treatment in hospital. In the first place, he is even ashamed of being sick. Then he does not want to be thought namby-pamby, and does not want to be talked about for having made complaints as to his treatment in hospital. It is a sort of *esprit de corps* amongst them. Moreover in the old days there was in the ranks an absolute terror of the authorities in the hospital. I do not know if any such feeling exists now in the Army, but I believe the tradition of it still prevails. Sir, you will get plenty of evidence when men know that it is not unmanly, that it is not cowardly, and that it is not unpatriotic to come forward and tell the truth in this matter; and when they are assured that it is their bounden duty to their comrades, to their country and themselves, in order that these things may be remedied and may not recur. I have not troubled

the Committee with any of the innumerable letters I have received, but I cannot refrain from reading one short letter I received this morning, dealing with this point :—

“Dear Sir,—I arrived in England the 10th of this month, being invalided home from Africa, having had enteric. I feel very pleased and must thank you very much for the plucky manner by which you have exposed the state of things which existed at Bloemfontein. I am one of those that must consider myself lucky in having lived to get back to dear old England, and can give my evidence as a proof of what you have written, for I laid on the ground for three weeks without a change. If you consider my evidence of any use, I should be pleased to give it you at any time ; at the present *I trust you will keep my name anonymous, as my term of service has not expired and am on sick furlough.*”

I call attention to the last words. I hope at any rate that this House of Commons, which is higher than any Department or authority in this country, will be willing to see that any such man who comes forward is protected, and that his future is not prejudiced by reason of the story he has to tell.

RESPONSIBILITY FOR DEFECTS.

I must apologise most humbly for having detained the Committee all this time. I have not said half of what I wanted to say, but I presume that I have said enough to show that there has been disorganisation, and a want of prevision, and a want of proper management somewhere. I am not myself inclined to think that the blame rests upon the individual *personnel* of the Army Medical Corps; I feel pretty certain that it does not. I am afraid it rests upon a system which is entirely inelastic, and from deficiencies in that system which result in unnecessary want of prevision. I do not wish, and I do not intend, to lay blame upon individuals, or to lay it all upon the Army medical system. I feel myself that the policy which has governed the question of transport has not shown sufficient consideration for the needs of the sick. I cannot but say that; otherwise the whole responsibility would rest upon the Army Medical Corps.

THE REAL EVIDENCE.

To go back once more to the question of evidence, I say with pain that my best evidence lies in South Africa, in the men who are buried there, brave men, many of whom, I believe, if a different system had prevailed, would have returned to their homes and their friends. It has been a notable war. In a few days I hope it will have been a successful war. I do not know whether it has been a glorious war. [Cries of "No, no!"] Yes! It has been made glorious by the bravery of these men on whose behalf I speak here—the men and their regimental officers. But for my part, having seen what I have seen, its darker side will ever be present to my mind. I shall think always of those silent, though not, I hope, forgotten, witnesses, men to whom we can raise but one real monument—the determination that such errors as I have described shall never occur again.

CHAPTER V.

DEBATE OF JUNE 29 (*continued*).

SANITATION ; SIR WALTER FOSTER. INTOMBI. A C.I.V.'S OPINION.

MR. BALFOUR'S SPEECH ; A CHANGE OF ATTITUDE. THE CENSORSHIP. HOSPITAL TRADITIONS. AN IMAGINARY ATTACK.

NO PROMISE OF REFORM. RESULTS. MISTAKE OF TACTICS. LETTER TO THE PAPERS, JULY 4.

THE debate* was continued by Sir Walter Foster, who at the beginning of the campaign had called the attention of the War Office to the "probable great loss of life from fever and other maladies more or less preventable by careful sanitary work," and had suggested sending out a small Sanitary Commission. Sir Walter, who is an experienced and practical authority on such matters, had offered to place his own services at the disposal of the War Office for such a purpose in an unpaid capacity. It is greatly to be regretted that the suggestion as well as the offer were not accepted ; its refusal seems to indicate the same oblivion to the real dangers of the campaign on the part of the Army Medical Department as the absence of consultant physicians. It can hardly be contended if the Army Doctor as a surgeon requires the aid of a consultant, that he requires it less as a physician or sanitarian. A sanitary authority to correct the numerous breaches of ordinary sanitary law, and a few eminent physicians to watch the treatment and nursing

* June 29.

of epidemics, would have saved many lives in a campaign where cases of sickness were ten or twenty times more numerous than cases of wounds. Sir Walter Foster's speech was full of interest and instruction.

Several speeches followed which it is not possible to refer to here. As affecting Bloemfontein, Sir Charles Dilke, having described the well-known scandals at Intombi, called attention to the significant fact that "that camp (Intombi—in the scandal time) was under the charge of the best man they had got, and that that man, having done so well there, was then sent on to Bloemfontein, and was responsible, as he understood, for some of the hospitals described."

General Russell related the improvement of the medical arrangements in the Khartoum expedition consequent on the deficiencies in the Atbara campaign, which were officially denied, having become generally known. Mr. C. H. Wilson read a letter from his son in the C.I.V. to the following effect:—

"All the English papers say that the hospitals are so wonderful, but as a matter of fact they are scandalously managed. Our own men will not go to hospital now, as they get less food and attention than with the regiment."*

But we must pass to the more important speech of Mr. Balfour, which together with that which immediately preceded it created a marked change in the tone of the debate. The discussion had proceeded with a singular absence of party animus on both sides of the House until near the end, when a Radical member (Mr. Lloyd George) devoted an irritating gift of invective all his own to the expression of some very extreme

* Hansard, June 29, vol. 85, col. 157.

views. Mr. Balfour rose on the instant and repelled an unwarrantable charge with which the speech closed, with legitimate indignation. The matter, it seemed, might have ended there and then. Mr. Lloyd George had not spoken in the name, or apparently with the sympathy, of the party opposite; indeed, the studied forbearance of the Opposition as a whole, and of its diverse accredited leaders, had been most marked throughout the debate. Mr. Lloyd George's solecism having been once dealt with, he might have been left alone, and we might have resumed in the calmer atmosphere which had previously prevailed the practical consideration of the merits of the case before the House. But the spirit of this unfortunate incident was permitted to mould itself into a new attitude on the part of the Government.

Mr. Balfour proceeded:—

“I regret the nature of some of the attacks which fell from my honourable friend the member for Westminster—attacks not dwelt upon at any length, but which, I think, were insinuations or suggestions that might with advantage have been left alone. There were two which specially remain in my mind. One was against the newspaper correspondents in the field, because he distinctly implied that these gentlemen, on whom we so largely rely for our information, doctored that information for the purposes of their own newspaper, or in order to maintain favour with the authorities at the front.

MR. BURDETT-COUTTS: As far as I can remember, I most distinctly deny that I ever charged the correspondents with doctoring their information for any purpose.

MR. A. J. BALFOUR: My honourable friend did say that we could not absolutely trust the statements of

the correspondents in the field because they had a strong motive for making their reports agreeable.

MR. BURDETT-COUTTS: I made a very long speech, but I believe that I am in the recollection of the Committee when I repeat that what I said was that a correspondent could not cable owing to the Censor, and that if he wrote home he was open to the danger of whatever he wrote being cabled back within two and a half weeks, and that then I did not envy the position in which he was placed.

MR. A. J. BALFOUR: It may be my own denseness, but I certainly interpret the statement which my honourable friend has just repeated as carrying with it the suggestion that a correspondent would not write letters of that kind because he should have a very unenviable lot if he did write them. That is all I suggest.

AN HON. MEMBER: You said "doctored."

ANOTHER HON. MEMBER: There is a difference between silence and misrepresentation.

MR. A. J. BALFOUR: I have many other important matters to deal with. There is only one other observation of my honourable friend of an incidental character to which I will call attention, and that is his suggestion that the tradition which he represents as having been in force some time ago among soldiers to be afraid of the hospital authorities was one which still had some force. I am sorry my honourable friend made that suggestion. I believe it to be wholly unfounded. All the information which has reached me, from whatever source, shows that the soldiers, whether there has been a sufficient amount of medical attention or not, at all events have appreciated, from the beginning to the end of those unhappy military operations, the unvarying kindness of the doctors and other attendants, and I am sorry that my honourable friend should have made a suggestion which must cause the greatest pain to those who have devoted themselves to the sick and wounded." *

* Hansard, June 29, vol. 85, cols. 170-1.

The charge that I had suggested that correspondents "doctored" their information was absurd on the face of it. But it was also injurious. It was the first of many assumptions subsequently put forward in authoritative quarters which were calculated to prejudice the cause I represented in the eyes of influential sections of opinion and in quarters from which assistance might have been expected. Many a correspondent would read Mr. Balfour's speech without having read mine, and without even the current interruptions which set the matter right.

This latter remark also applies to the second charge with regard to the military doctors and attendants. One would imagine, and many people have since assumed, that I had paid these no tribute* — that I had done nothing but abuse them. What had I really said on which this charge was hung? I was speaking† of the difficulty of *obtaining evidence* from soldier patients, and I suggested that the old "terror" of the hospital authorities (non-coms. and orderlies as well as doctors) which used to prevail amongst patients might, if the tradition of it still existed, prevent them from making complaints. My remarks here applied solely to the latter question. An orderly, a ward-master, a doctor might be perfectly kind as long as things went smoothly; but the moment a complaint was made, the patient knew, or fancied he knew, that something unpleasant was in store for him. I then proceeded to give other reasons which would prevent soldiers from coming forward to give evidence, and as an illustration quoted

* Page 56.

† Page 79..

a letter from one who had a good deal to tell, and who added—quite naturally and as a foregone conclusion which he evidently assumed needed no explanation—that he could not tell it till his term of service had expired. Every soldier in the British Army knows that all this is the simple truth. It may be my painful duty in the development of events to give many proofs of this from what has since occurred, and some further information on the subject of “orderlies” in this campaign.

Mr. Balfour proceeded with his argument: “The attacks may be divided into attacks on Her Majesty’s Government and attacks on Lord Roberts.” As I had not accused the Government of any deficiency in sending out men and stores, I must necessarily be attacking Lord Roberts. Was there no other alternative? Was there no place for another defendant to the suit—the composite mismanagement, disorganisation, and want of initiative the suffocation of effort and rapid action by red tape the prejudices against women nurses, the jealousies, obstructions, and incompetence arising out of an obsolete, inadequate, and bad Army Medical system? None, apparently. “It is the general in the field who has really been struck at;” and again, “I have said this is really an attack on Lord Roberts and his Staff;” and once more, “I pass to the broad issue I wish to lay before the House, whether we should condemn the general in the field.”

No one else had the slightest desire or intention of laying that issue before the House. By no reasonable construction of anything said in the debate could such an issue arise. So far as I was concerned, I had excluded

and repudiated it in precise and emphatic terms.* Nor could anyone by the wildest stretch of imagination extract such an issue from the general or local conditions of the war.

Yet there it was, laid down as the guiding light of the cause, the ultimate goal of all effort on behalf of the sick and wounded. Whoever complained of their treatment was attacking either the Government or Lord Roberts. But what was worse, he must attack both. If he attacked the Government it passed through them on to Lord Roberts. If he attacked Lord Roberts the Government must of course support their great Commander-in-Chief—get behind him, as it were—and the attack would ultimately fall on them. So it came about that one not only attacked Lord Roberts through the Government but the Government through Lord Roberts. “Unfortunately it is impossible in this debate, with the best will in the world, to strike an effective blow at Her Majesty’s Government without striking that blow through Lord Roberts.”

Thus early was this great question—“a matter of this great gravity, of this solemn character, involving as it does the lives and deaths, the suffering or escape from suffering, of thousands of our brave fellow-countrymen”†—cast into the vortex of party.

Sir H. Campbell-Bannerman closed the debate in a fine and temperate speech, which rose to the dignity of the occasion, in the course of which he described the real question at issue in the words just quoted. He proceeded to make some significant remarks on

* Hansard, June 29, vol. 85, cols. 104-5.

† Hansard, June 29, vol. 85, col. 178.

two subjects, the first of which has never been cleared up. Speaking of the mysterious corroboration of my statements, which the War Office had admitted to have been received, he said:—

“I am merely repeating what has been said before when I say that not one of his allegations, as I understand it, not one of the facts he has stated, has been disputed, certainly not controverted, on the part of Her Majesty’s Government. And, therefore, the hon. Member stands in this position, that he has disclosed to the country a part, at all events, of the truth of this great matter, and he has done it in such a way that he can receive nothing but thanks from the community for doing it. Now, Sir, I have heard no reference made to-night to two curious passages in the paper that was circulated this morning. We have heard all along of the hon. Member for Westminster and of his papers in the *Times*. But in the War Office telegram to Lord Roberts the War Office say, ‘We are receiving private telegrams complaining of alleged general breakdown in hospitals,’ and then they go on to say, ‘A complaint of your hospitals at the front has just come in.’ That one complaint which has just come in was obviously a telegram from the hon. Member. But what are the other private telegrams complaining of a general breakdown? We have not heard any explanation of those. That telegram was sent on 5th June. A good many days, and even weeks, elapsed, and on 20th June the War Office, who profess to have no knowledge of these mistakes and defects pointed out by the hon. Member, write, ‘We continue to receive disquieting reports as to the state of hospitals.’ We have heard nothing of what those disquieting reports, rumours, and complaints are.” *

The curious dual character of the Press Censor was also lightly touched on:—

* Hansard, June 29, vol. 85, col. 179.

“This is the first time, so far as I am aware, that this country has engaged in a war on anything like this scale under the influence of what is called a censorship. To a censorship applied to purely military questions, to a censorship which restricts news which may be of a character capable of giving undesirable information to the enemy, we all willingly bow and submit. But when we find, as we do, that military censorship applied to political matters, to private letters, to private telegrams, how can we fail to have some doubt—I will go no further than that—whether, after all, with all the newspapers and teeming intelligence around us, we understand really the full facts of the case?”*

The next morning nearly every organ of public opinion in the country brushed aside the *simulacrum* of the combat set up by the suggested attack on Lord Roberts. We can afford to treat it in the same way, and pass to one or two reflections which arise from a review not only of this and the subsequent debates on the subject but of the action of the Government throughout. First, it would seem that the Government, instead of being content to leave the championship of the Army Medical Department to its responsible Minister, joined as a whole too warmly in that defence, and thereby implicated themselves and the Conservative party in the medical mismanagement in South Africa. Secondly, the Ministers on this occasion and the Government on subsequent ones delivered themselves over too completely to the Department, accepted its arguments, explanations, and statistics, its suggestions, coupled with imperfect information, as to the Commission, and generally ranged themselves on the side

* Hansard, June 29, vol. 85, col. 180.

of the worst and most inefficient branch of a system which needs a thorough reorganisation, and to the reform of which in its other parts the moment a General Election was announced they freely pledged themselves in the country.

Had this promise of reform been made at once—conditionally on the need for it being established by inquiry—it would have freed the Government and the party from much of the public irritation that ensued, and would have made it almost impossible for anyone to treat either the immediate or the larger issue as a party question. Neither in this debate nor in the brief discussions that took place on the Inquiry, is any word to be found of even such a conditional promise on the part of a responsible Minister. Instead, the Government spent all their time in fighting the question whether there was or was not need for reform, a process which forced them and the party into the attitude that no such need existed. Two results followed, fraught respectively with practical and political evil. (1) A form of inquiry was instituted, tinged in the public mind with the spirit of defence which then animated the Government, incompetent to get at the whole truth, and placed of necessity at the mercy of one side in the suit. (2) The Opposition became the champions of reform of the Army Medical system in the House of Commons, a position which they did not fail to improve on subsequently for electoral purposes. In this latter process they were greatly aided by the almost universal silence of Ministers on the subject during the Election, and the denial of defects, or active defence of medical mismanagement,

to which their followers were driven on the platform.

I watched the course of events with a keen anxiety, standing between the devil and the deep sea, unwilling to have a great and clear issue drowned in the soothing waters of so-called party loyalty, and not less averse to touch the only hand that helped me in what I felt to be a battle for the right. The thickest coat of whitewash that can be laid on the Army Medical Department with respect to this campaign cannot conceal the need for its ultimate drastic reform, and it will require an abnormally short memory to extricate the Government and the Conservative party from the illogical position in which they were placed by the course pursued. It was not necessary to admit anything I had stated. It was only necessary to promise reform if a tenth part of it should prove to be true.

These, however, are only matters of reflection, too much of which is inconvenient to the changing conditions of current political life. The mistake was one of tactics, and need not interfere with the ultimate result. Time, it is hoped, will show the contrast between the exigencies and temptations of an uncertain ante-electoral state and the freedom and responsibility of a repeated majority, with a renewed lease of power granted on a reform tenure.

A few days after the debate, seeing the fatal results of the direction it had taken, I addressed the following letter to the public press:—

SIR,—The subject which I have been compelled to bring before the public is in danger of being confused by side issues fatal to the cause at stake.

The two real issues are the truth of my statements, about which I have no anxiety save the pain they must have caused in many quarters, and an improvement in the soldier's condition in war-time, which was my sole motive in making them public.

1. Is it too late to appeal to the patriotism of all men to keep a question concerning the lives and well-being of our soldiers above the plane of party?

2. I deplore the tendency to convert the statements I have made into an individual attack on Lord Roberts or any other officer. The public must judge of the fairness of attributing to me a meaning for which there is no foundation in anything I have said or written, and which I have most explicitly disclaimed; but what I am far more concerned about is the result of such a course. Lord Roberts is the most popular commander of modern times with all ranks. To allow people, whether soldiers or civilians, to think that they are attacking him by telling the truth about the condition of the hospitals is to place a serious barrier in the way of the truth coming out. It is obvious that in the heat of debate this result was not foreseen, and certainly not intended; but I think it will be apparent to all.

3. What can only be characterised as a misrepresentation, and one as groundless as the last and as widely circulated, is that I have attacked the *personnel* of the Royal Army Medical Corps, the doctors and nurses, for the manner in which they have performed their duties. No suggestion could be more untrue. Not only throughout my series of articles in the *Times*, but in every word I have written or spoken, I have taken up an attitude most favourable to them. In the former, I pointed out unfair disabilities which the system imposes on them; in the latter I have paid warm personal tribute to the work they have done under the very conditions I described.

May I beg the aid of the Press, whose assistance to the public cause has been so generous, to dispel these three assumptions, and all other side issues, which will imperil the real interests involved?

What we want is the truth, the whole truth, and nothing but the truth—and then, if the truth demands it, reform. Let it be made clear to all concerned that it is a duty they owe to the soldiers of the future and to the country to tell their story, whatever it may be, and that they can do it without attacking any man, and without prejudice to themselves.—Your obedient servant.

W. BURDETT-COUTTS.

1, Stratton Street, W., July 4, 1900.

CHAPTER VI.

THE COMMITTEE OF THREE. DEBATE, JULY 5.

A RESPECTFUL RESERVE. BREACHES OF RESERVE.
HISTORY OF THE COMMISSION. FIRST COMPOSITION.
QUESTIONS. COLONIAL DISCONTENT. THE ADJOURNMENT.
A CURIOUS TRIAL.

SPEECH: THE CRIMEAN PRECEDENT. A PERSONAL
CLAIM. A SUGGESTION.

SIR H. CAMPBELL-BANNERMAN. MR. BALFOUR. A
REPUDIATION. "CHEAP SARCASMS." A CRITICAL MOMENT.
A CHANGE OF COURSE.

IN dealing with the "Hospitals Commission," as it is popularly called, and writing prior to the issue of its Report, I must exercise that reserve which, after my final effort at the close of the Session to add to its dignity and powers, I have scrupulously maintained. It is perhaps to be regretted that others, prominent in connection with the subject and personally interested in the Report of the Commission, have not observed the same attitude.

The chief Consultant Surgeon of the war, who fathers the Army Medical Department in the profession, and whom both Lord Lansdowne and Mr. Balfour assumed to be a party to the suit because I had the misfortune to find myself at variance with some of his views, goes on to an election platform while the Commission is still sitting and thus refers to the subject-matter of its inquiry:

"Certain persons had traded somewhat on the sufferings they witnessed. He did not know what the quality

or capacity to judge on the part of those persons might have been, but he thought those who knew best and were fittest to judge thought very differently, and he would only ask them to recollect that the Commander-in-Chief, than whom perhaps there was no more competent judge, pronounced the medical conduct of the campaign to be magnificent. 'Magnificent' was the word used, and he thought that behind and beyond his (Lord Roberts's) opinion they need not go." *

The Commission, then, is superfluous. The reference to Lord Roberts's opinion has a significance outside of the medical profession; but within its ranks the fiat of the President of the College of Surgeons is equally effective. Is it to be wondered at that junior civilian surgeons who stated that they had serious stories to tell of hospital experiences in the war suddenly became wrapped in silence? The work of the *retiarius* was well done.

A month later an official of the Commission itself, one of the two Army Medical Officers appointed to precede the Commission on its tour in South Africa, and prepare the evidence for it, returns home and delivers himself thus with regard to the hospitals:

"Everything was as perfect as possible." "Everything that could be done was done during the enteric epidemic." "Everything that mortal knowledge and foresight could supply was at hand. Many of the hospitals generated their own electric light and manufactured their own soda-water."

Soda-water—electric light! This was the picture prepared for the Commission. No one, it is hoped, will accuse this pamphlet of prejudice now that it has given

* *Daily Chronicle*, September 29,

prominence to the verdicts of these two high authorities, the protagonist of the Department and the avant-courier of the returning Commission.

But my point is that neither of these important publicists appear to share those feelings of respect and awe which attach in the popular mind to the solemn phrase "sub judice." I am disappointed at this, but am sure that it does not arise from any want of confidence in the verdict of the tribunal.

We must now trace the history of the appointment of the Commission, and the action of the House of Commons with regard to it, without going deeper or further into the question than the public records permit.

On July 5th the Leader of the House made his statement as to the Committee. It was to consist of Lord Justice Romer, Dr. Church (President of the College of Physicians), and Mr. Cunningham (Professor of Anatomy in Trinity College, Dublin). He added: "These three gentlemen will form, I believe, as strong, able, and impartial a Commission as could deal with this difficult matter." About the same time Lord Lansdowne was saying the same thing in the House of Lords. This comfortable sense of satisfaction was quickly to be disturbed.

I put the following question and received the answer subjoined:—

MR. BURDETT-COUTTS (Westminster): I desire to ask whether the right hon. Gentleman will give this House an opportunity of discussing the terms of reference and the scope and composition of the Commission.

I may state that I have the strongest possible objection to one name on that Commission.

MR. A. J. BALFOUR: Perhaps the hon. Gentleman will tell me what his objection is. I see no reason whatever for giving the opportunity asked for.*

It is important to note that from the first I appealed for a full discussion on the scope, which includes the powers, of the Commission. The tone of the answer to this appeal may also be noted. The spirit of Mr. Lloyd George still hovered round the genial personality of the First Lord.

Before the next step was taken a question was asked as to the action of New Zealand with regard to the hospital treatment of her Colonial soldiers. The matter is referred to here as this record keeps to the order of date; but its real connection is with the debate at the end of the session where the treatment of the Colonials was more fully dealt with. The question was:

Whether the Government of New Zealand have addressed a communication to the Home Government with reference to the treatment of the sick and wounded of the New Zealand contingent and of those who have been invalided home; if so, whether he will lay the correspondence upon the table of the House.

The SECRETARY OF STATE FOR THE COLONIES (MR. J. CHAMBERLAIN): The only communication I have received from the Government of New Zealand on this subject is the following telegram from Lord Ranfurly, dated 3rd July:

"My Government have received great complaints from contingents with regard to hospital arrangements in South Africa. New Zealand is prepared to meet any costs for comforts or attendance upon them."

* Hansard, July 5, vol. 85, col. 619.

To this I have sent the following reply :

“ In reply to your telegram of yesterday (hospital arrangements) Her Majesty’s Government regret to learn that such complaints have been made. Although owing to military exigencies there may have been unavoidable temporary deficiencies as to which Her Majesty’s Government propose to hold full inquiry, ample supplies are available, and Her Majesty’s Government, while appreciating offer to meet cost of attendance, consider that any such expense should be properly borne by Imperial funds.” *

Immediately after questions, the adjournment of the House was moved by Mr. Labouchere. The difficulty of space again confronts us in attempting to record this interesting debate. The mover’s chief contentions were that the medical profession was over-represented on the Committee, and that the House had a constitutional right to discuss the subject. “ Whoever heard of gentlemen who are to all intents and purposes the defendants in the case appointing their own jury ? ” In seconding the motion I had to urge two points, the one general, the other personal. The latter is always an ungrateful task in the House.

The circumstances, however, seemed to me, to say the least, peculiar. The Committee was going to try the accuracy of my statements, which in the code of honour was tantamount to trying me. I foresaw that on one side of the trial would be arrayed the most powerful combination of vested interests and local control over evidence that has ever attended the course of any inquiry, and I frankly submitted my claim to have some counsel or representative before the Commission to watch the interests of my side of the case. I am willing to leave that claim to the judgment of public opinion.

* Hansard, July 5, vol. 85, col. 620.

Failing that being granted, I asked to be allowed to submit the name of a Commissioner, who would have added both dignity and efficiency to that body, and who, if it is suggested that he would lean to my views, must for that very reason assist in eliciting the truth. At best he would only be one amongst five.

MR. BURDETT-COUTTS (Westminster): In seconding the motion of the hon. Member for Northampton I desire to say that I take this course without any previous arrangement with the hon. Member. I do not think that it is unreasonable, under the circumstances, for me to ask to be heard on this subject. I object, in the first place, to one name as being that of a gentleman who ought not to be on such a Committee when the responsibility of the Army Medical Department is directly attacked. I would remind the House that I have not myself attempted to localise the responsibility for what I saw in South Africa; but of course the Army Medical Department must necessarily be largely implicated in the question.

The hon. Member for Northampton has called attention to the curious divergence of the composition of this Committee from the express wish of Lord Roberts. Lord Roberts's words were, "a small Committee, consisting of one or two medical men of recognised ability, in whom the public have full confidence, with some men of sound common-sense." I ask whether a Committee which has a majority of medical men upon it is a Committee framed in accordance with the desire of Lord Roberts? I object to this Committee because it has that majority of medical men. The difficulty of arriving at an accurate opinion with regard to what has taken place in South Africa from medical sources has, I believe, already been illustrated in the case which was the only precedent we have for such a Committee. That was at the time of the Crimea, when the letters of the present Sir William Howard Russell awoke the country to

the true state of things, and a Committee of this House was appointed to inquire into the case. When those letters appeared, describing, in terms singularly like those I have myself felt compelled to publish, the inefficiency of the medical arrangements in the Crimea, the chief medical authority on the spot, Sir George Brown, was going about in this country saying that everything was absolutely perfect. There are many other analogies between this case and that. Mr. Roebuck brought the matter before the House. A Parliamentary Committee was appointed, and Mr. Roebuck, the chief accuser of the medical arrangements in the Crimea, was appointed chairman of that Committee. The House will remember that the Aberdeen Ministry went out on that proposal, but Lord Palmerston came in, and he accepted the Committee. I know what the answer to this will be. I shall be told that at the same time a Sanitary Commission of three was appointed, two being doctors and one what was called an engineering member, to go out to the Crimea. But the object of that Commission was not to inquire into what had happened, but to at once take in hand the bettering of the arrangements on the spot. Therefore, of course, it was composed of experts. There was another serious difference between that Commission and the present one. That Commission was appointed not by the Government which defended the medical arrangements in the Crimea, but by the Government which came in on the strength of accepting the fact that those arrangements were insufficient.

I desire to ask the House, which I think is always generous to an individual, to consider for a moment the curious position in which I myself am placed. I can assure the House that I would not call attention to this if I did not think that some slight consideration of it on the part of the Government would really facilitate the cause we all have at heart, and that is getting at the truth of this matter. What is my position upon this question? I made certain statements in the press. Those statements I repeated in the

House and added to them other statements, which together constituted a grave indictment of the medical arrangements in South Africa. That placed me in the position of a plaintiff; but the thing has turned round, and now I am in the position of a defendant—defending the accuracy of my statements, and what I believe to be the great interests involved in proving their truth, if they are true. I know what the Government will say. The Government will say that they will call me as a witness and enable me to state my case. They may possibly say they will accept my suggestion of other witnesses who should be called. But is that enough in this case? Is it not the usual practice that a man placed in my position should have the right to watch the case on his own behalf? Has he not the right to put what questions he likes to witnesses, and to cross-examine all the witnesses?

I daresay that some skilful dialectician on the front bench will find flaws in this analogy, but to me it seems to be close enough for my purpose. My facts have been questioned. Of that I make no complaint. But my motives have been bitterly attacked, not in the country, not in the press, but in a more influential, though more limited circle. I had no motive, no shadow or shred of any motive or reason, for making these statements except my determination that they should be made public, because I knew that by that means, and that means alone, could we obtain a reform of that terrible condition of things. That is my position, and with my facts questioned and my motives attacked I put it to the House whether some claims do not arise out of that position—some claims to me with regard to this Committee.

I do not ask that those claims should be considered. I do not wish to put them forward, and I am quite willing to lose sight of all personal considerations, if the Government will allow me to co-operate with them to a certain extent in enabling this Committee to get at the truth of the matter at issue. My suggestion briefly is that I should be permitted to suggest to the Government a name for them to add to the Com-

mittee. I promise to suggest the name of one whose impartiality, ability, and qualifications cannot possibly be questioned. I have waited day by day in the hope that I might receive some communication from Her Majesty's Government on the subject. If the absence of any wish that I should co-operate with them in this matter is due to an assumption on the part of the Government that they are on one side and I am on the other—an idea which can only be based on another assumption that the medical arrangements in South Africa are perfect, or as perfect as possible—then I deplore that I, as a loyal member of the party for fifteen years, am placed in that position; but I put aside personal considerations and personal ties to my party, and I say that the logical outcome of that position, if the Government are on one side and I am on the other, is that one side is appointing the judges to try the issue. I deplore it if that position should arise. I do not believe for a moment that the Government would wish such a position to be set up. I do not believe that they would perpetrate a personal injustice, but I must say for myself that, considering the experience I have had of this particular subject, and the knowledge I have gained of all its branches, I should be in a position to facilitate the inquiries by the course I have suggested.*

Sir H. Campbell-Bannerman, for the Opposition, followed with the definite suggestion that two lay members should be added to the Committee, and Sir James Fergusson, on the Government side, urged its enlargement in the same way. The latter pointed to one of the chief evils in the hospital management.

“Letters by the last mail from South Africa, the truth of which I cannot doubt, showed some shortcomings. The state of several hospitals near Cape Town, and of hospitals in other parts of the country, showed that insufficient use had been made of the

* Hansard, July 5, vol. 85, cols. 652-5.

supplies, forming, in fact, a very heavy indictment against the Army Medical Department which required to be thoroughly investigated. There was, it is charged, a reluctance on the part of the medical officers to call for things necessary for the comfort and well-being of the sick, who, even within the last few weeks, had been lying in a miserable state and without proper shelter in places where there was no difficulty as regards transport. We have all heard of it; the newspapers are full of these cases." *

Mr. Balfour replied in a speech of some length, in which he argued strongly for the Committee as it stood, and did not accept the suggested alteration. I can only quote such of his remarks as applied to myself:

I do not quite apprehend the object of the hon. Gentleman's speech, unless it was to suggest that he should himself be the man of sound common-sense for whom Lord Roberts asks, and who, according to the critics of the Commission and of the Government, is not to be found adequately represented on the Commission as it is constituted. The hon. Gentleman said that he found himself placed in a position of great difficulty. I am sorry that my hon. friend should be placed in such a position. But if he is so placed—and I do not know why he should think that he is—surely he himself is the only person who has placed him there. He tells us that he has been attacked as to his facts and his motives. I do not know who has attacked him as to his facts or as to his motives. I am perfectly certain he cannot quote a single phrase or suggestion made by anyone on this bench attacking either his facts or his motives.

MR. BURDETT-COUTTS: I considered it an attack upon my motives to convert the statement of facts which I made into an attack upon Lord Roberts.

MR. A. J. BALFOUR: The hon. Gentleman indeed criticised somebody, and who that could be unless it is the responsible officers in the field we were unable to

* Hansard, July 5, vol. 85, cols. 657-3.

discover, and the hon. Gentleman has been unable to explain.

MR. BURDETT-COUTTS: I did not criticise anybody. I criticised a state of things.

MR. A. J. BALFOUR: There is no such thing as criticising a state of things. You may describe a state of things, but you cannot criticise a state of things.

MR. BURDETT-COUTTS: I am extremely sorry to interrupt the right hon. Gentleman again, but I must ask him, in his own words, where or when I criticised any person, and who that person was?

MR. A. J. BALFOUR: My complaint against the hon. Gentleman is exactly that his criticisms were all of this vague and obscure character. If he was merely narrating a very tragic and deplorable state of things without suggesting that blame existed anywhere, he was really wasting the time of the House of Commons. It is only because the blame must rest somewhere, and in order that that blame may be brought home to the proper quarters—it is only on that hypothesis that it was legitimate to bring forward this heart-rending description at all.*

A cardinal fallacy, which was sufficiently patent to the House, underlay this argument, viz., that my object, either immediate or ultimate, in the action I had taken was a punitive one. It was solely remedial—to change things for the better at once and to reform them in the future. As I had never named or attacked, so I did not desire to punish, any individual officer in the Service for evils which I have always maintained were the logical outcome of a bad system. I had not gone back to the “Whom shall we hang?” of the Crimean days for a title to Article IX.

Mr. Balfour, after some further remarks, proceeded:

“In constituting the Committee I did not think of

the hon. Member at all from the beginning to the end of the business. I hope it does not show a hard and callous heart on my part, but that is the fact. The hon. Gentleman, in accordance with his sense of duty, brought forward facts—or what he believes to be facts—and laid them before the House. I confess that when the hon. Gentleman had done that, I thought he had done all that his ordinary sense of duty required him to do, and that we might put him and his proceedings out of account, and set to work to find out what foundation there was for the charges which he had made. The difficulties, the somewhat imaginary difficulties, of the hon. Gentleman under the heartless treatment which he has received in the formation of this Commission are illusory evils, and I think a little consideration will convince him that they have no real existence in fact.” *

I have no comment to make on these remarks, except to recall the fact that their tone did not appear to commend itself to the general sympathy of the House, which is always generous and at times peculiarly sensitive. Mr. Asquith referred to them as “cheap sarcasms,” and in a brief but forcible speech pressed home the demand for the two additional lay members. It was one of the natural results of the course of events that throughout these debates a leader of the Opposition could use strong and sincere arguments on the merits of the case while he turned a practised parliamentary eye on the advantages of the situation.

One of those characteristic moments had now arrived which make life in the House of Commons worth living, one of the rare occasions when the party framework totters under the aggregate impulse of individual conviction and the biggest majority trembles in the balance.

* Hansard, July 5, vol. 85, cols. 660-1.

Beneath the iron bands of party discipline the grand old Mother of Parliaments keeps a watchful mind and a young heart, mobile, impressionable, independent.

The Leader of the House had set his course, but the ship refused to answer the helm. A grim mariner, weather-beaten by a hundred parliamentary storms, fired the first shot from our side. Colonel Saunderson pointed out that a Commission consisting of two doctors and a layman might as well consist of a single doctor, and that the only thing a judge knew about transport was transporting prisoners. This was not only jocular but irreverent. Sir Mark Stewart, speaking for the South-West of Scotland, assured Mr. Balfour, who looked round reproachfully, that "he would have the country at his back" if he appointed the two lay members. Mr. Arnold Forster, as usual on the side of "thorough reform," did not think the present Committee equal to the task.

So the stormy petrels followed one another, indicating the gathering of the waters beneath. Our benches below the gangway muttered and buzzed, and many a malcontent said openly how he would vote. The ship was wallowing in the trough, and the timbers began to gape. Then in the nick of time the wise supercargo, silent guardian of the owners' interests, who had been watching at the bar, appeared beside the skipper in earnest conversation. Suddenly the course was changed, and the good ship rode over the bar safe into harbour. Mr. Balfour consented to enlarge the Committee.

CHAPTER VII.

THE COMMISSION OF FIVE.

THE TWO ADDITIONS. THE ARMY EXAMINER. PUBLIC LETTER AND QUESTIONS ON SAME. EFFORT TO OBTAIN DISCUSSION. PUBLIC LETTER ON POWERS OF COMMISSION. GAGGING CIVILIAN DOCTORS: NO FINAL ANSWER. FURTHER QUESTION ON "POWERS."

SPEECH:—THE CENSORSHIP; ARMY MEDICAL TRANSPORT; THE IRISH AND NEW SOUTH WALES FIELD HOSPITALS; STORES, EQUIPMENT, PERSONNEL. ARMY MEDICAL RESERVE: A FINE EXAMPLE; ORDERLIES; NURSES; WANT OF ELASTICITY: AN INSTANCE.

THE NEED FOR A PROMISE OF REFORM.

It took nearly a fortnight to find the two additional members of the Commission, two of "the many men of that kind who could be obtained, and whose positions and character before the country would secure the complete confidence of public opinion." Eventually Sir David Richmond (an ex-Lord Provost of Glasgow) and Mr. Harrison (General Manager of the London and North-Western Railway) were appointed by the Government. Prior, however, to the announcement of these names other incidents occurred which should be recorded in order of date.

It will be remembered that just before the last debate I had intimated an objection to one of the original names. The subject was not pursued on that day because official information had not yet come to hand as to Professor Cunningham's connection with the Army

Medical Department. Indeed, Mr. Balfour on that occasion had stated distinctly with regard to Professor Cunningham and Dr. Church: "These medical men have no connection with the Army Medical Department." It transpired in a few days that the former gentleman held a paid appointment under the Army Medical Department.

Before the fact was known, Mr. MacNeill, coming hot-foot from Dublin, indulged his characteristic and insatiable curiosity with regard to the basal elements of public affairs.

MR. MACNEILL: I beg to ask the First Lord of the Treasury whether Sir William MacCormac, who was last week the guest in Dublin of Professor Cunningham, and Dr. Jameson, the Director-General of the Army Medical Department, or either of them, were consulted with reference to the appointment of Professor Cunningham as a member of the South African Commission to inquire into the charges brought against the administration of the Army Medical Department, and whether there was any communication with these gentlemen, directly or indirectly, with reference to Professor Cunningham's appointment.

MR. A. J. BALFOUR: I think that the hon. Member will see that this is a question which ought not to be put, and, if put, one which ought not to be answered.

Not knowing what the intentions of the Government were with regard to the newly disclosed fact of the appointment, I put the following question, Mr. Balfour's answer to which left no doubt about the matter. It will be observed that both question and answer are evasive in form, but none the less definite in their object. It is a way we have in the House of Commons.

MR. BURDETT-COUTTS: Can the right hon. Gentleman give the House any information as to when he will announce the new constitution of the Committee of Inquiry?

MR. A. J. BALFOUR: I hope to be able to give the House the information as to the addition of the the new names at a very early date; but it is not a matter easy of negotiation, nor is it to be rapidly carried through.*

The next day I wrote the following letter to the public press:—

SIR,—It is obvious from Mr. Balfour's answer to a question of mine yesterday that the Government propose to adhere to the three names first announced as the nucleus of their Committee of Inquiry. On the announcement of those names last Thursday I was compelled to state that I objected to one of them, but this point was not carried further at the time, the debate turning on a wider issue.

As I may not have an opportunity of doing so in the House, I beg leave now to state the particular object and nature of my objection. Professor Cunningham, of Trinity College, Dublin, is as unknown to me personally as he is to Mr. Balfour, and I do not for a moment question his scientific eminence or high character. But this gentleman holds a paid appointment under the War Office, viz., that of an Examiner for the Army Medical Staff. The appointment is for four years, three of which are unexpired. Nominally it is made by the Secretary of State for War; but the initiative and direction of all such matters is practically in the hands of the Department concerned—in this case the Army Medical Department.

I leave it to all fair-minded men to answer the following questions:

1. Do the above facts bear out Mr. Balfour's statement in the House, evidently based on imperfect

* Hansard, July 10, vol. 85, cols. 1108-9.

information, that “these medical men have no connection with the Army Medical Department”?

2. Is it right that there should be anyone on this Committee who is connected in any way with either the War Office or the Army Medical Department?

I would urge that the Committee should be absolutely impartial in its constitution; and that in a case like this, where organised interests and influences are necessarily arrayed on one side, these latter should not be reflected in the faintest degree on the body appointed. If the issue before the Committee were simply the exoneration or blame of certain officials or departments for past errors or deficiencies, the matter need hardly be pressed; but its real object is one of far greater importance, for it concerns the health and life of our future armies in time of war. Absolute impartiality, therefore, in the constitution of the Committee and the conduct of the inquiry is a vital necessity.—I am, Sir, your obedient servant,

W. BURDETT-COUTTS.

July 11.

The principle involved was a serious one; from the personal point of view the objection had no importance. Several questions were put in the House on the subject the same afternoon—whether the facts stated above were true, who appointed the examiners, who paid them, whether they were removable or to be re-appointed, whether they were not appointed by the War Office on the advice of the Head of the Army Medical Department, and whether Professor Cunningham would not be sitting in judgment on the latter, who had appointed him? No very clear answers were given, but Mr. Balfour indignantly repudiated the idea that Professor Cunningham’s

connection with the Army Medical Department or the War Office was likely to affect his judgment.

I thought it right to wait till the matter was definitely before the House in the shape of the further announcement of names. As the position of Professor Cunningham had not been made known in the previous debate, and no discussion at all had yet taken place as to the scope and powers of the Commission, I did not doubt that we should then have an opportunity of going fully into both points. I considered the latter of much the greater importance. The opportunity for such discussion was refused.

On July 17th the First Lord announced the two new names, and the attempt to obtain a discussion met with a summary fate.

MR. A. J. BALFOUR: I promised to announce at the earliest opportunity the additional names for the Commission to inquire into the arrangements for the sick and wounded in South Africa. I am glad to say we have obtained the services of Sir David Richmond, ex-Lord Provost of Glasgow, a respected gentleman and deeply versed in administrative affairs, and Mr. Harrison, General Manager of the London and North-Western Railway. I am particularly glad we have got Mr. Harrison to serve, seeing that questions of transport are clearly of great importance, and his name will, I think, carry universal weight with all acquainted with railway management.

MR. BURDETT-COUTTS: Will the right hon. Gentleman give us any opportunity of discussing these names or the constitution of the Committee of Inquiry?

MR. A. J. BALFOUR: No, Sir.

MR. BURDETT-COUTTS: Then I beg to ask leave to move the adjournment of the House in order to discuss a definite matter of urgent public importance—namely, the constitution and scope of the Committee of Inquiry.

MR. SPEAKER: It is somewhat difficult to remember the exact course of events, but I believe I am right in saying that a motion for the adjournment of the House was made on the 5th July by the hon. Member for Northampton, in order to discuss the composition and scope of reference of the Committee appointed to inquire into the treatment of the sick and wounded in South Africa. On that motion a discussion took place upon scope of reference and the three names then placed before the House. I do not think that a renewed discussion upon those three names would be in order. It is a well-known rule that the same matter cannot be discussed twice on a motion of adjournment under Standing Order 17. But as regards the two new names now added, it will lie with the House and not with me to say whether they shall discuss them or not. If the hon. Member cares to alter his motion in this way—namely, to discuss the nomination of Sir D. Richmond and Mr. Harrison as members of the Committee of Inquiry—such a motion would be in order.

MR. BURDETT-COUTTS: May I respectfully remind you, Sir, that on the occasion referred to I stated that I had an objection to one of the names, but no discussion of that objection or name took place. The discussion took a wider scope, and had reference to the large element of the medical profession on the Commission. I now propose to deal with an entirely new matter.

MR. SPEAKER: I look at the subject-matter proposed for discussion; I have really nothing to do with the particular arguments that have been used. The matter proposed for discussion was the composition and scope of reference of the Committee appointed to inquire into the treatment of sick and wounded soldiers, it being proposed that the Committee should consist of a certain learned judge and two members of the medical profession. The question of the composition of the Committee, so far as those three gentlemen were concerned, was open and was discussed. I think it would be quite contrary to the rules of the House,

especially in a matter of such a personal bearing, if three names which were discussed by the House on one occasion were re-discussed on a motion for the adjournment without any alteration of the circumstances with regard to those three names.

MR. MACNEILL: With all respect, I submit that new circumstances have since arisen with respect to Professor Cunningham. I am in the recollection of the House when I say that the First Lord on the last occasion threatened to withdraw his name if there was any discussion on it.

MR. A. J. BALFOUR: I never said anything of the kind.

MR. MACNEILL: Since then the charge has been openly made that Professor Cunningham has been recommended by those who are interested in the issue of the Inquiry.

MR. SPEAKER: The names were before the House. It is almost inevitable that some further arguments should have occurred to some hon. Members' minds, but that does not alter the fact that this matter has been discussed by the House, under Standing Order 17, as regards those three gentlemen. The other two names can be discussed if the hon. Member wishes.

MR. BURDETT-COUTTS: The First Lord of the Treasury stated in definite terms that neither of the two medical gentlemen had any connection with the Army Medical Department. Subsequently it became known that one of those gentlemen held a paid appointment in connection with the Army Medical Department.

MR. SPEAKER: I am quite sure that the whole matter was open to discussion, though, of course, it is impossible to say of every hon. Member that everything was present in his mind then which is present in his mind now. I must adhere to what I have said, that if the hon. Member asks leave to move the adjournment in order to discuss two names now for the first time before the House, that is a matter which I am prepared to submit to the House.

MR. BURDETT-COUTTS: As your ruling, Sir, makes

it impossible for me to bring before the House new matter of great interest, I must beg leave to withdraw the motion.*

Mr. Speaker's decision in such a case is generally framed on technical lines. It is neither necessary nor proper to discuss it. The real onus of acceptance or refusal lies on the Minister, who practically controls the time of the House and the opportunities and subjects of debate.

It will be observed that the principle of Parliamentary discussion of a Commission such as this, although rejected in the first instance by the Leader of the House, had been affirmed by the House itself in the debate of July 5th, granted on a motion for the adjournment, on the first Committee of three. The principle had been more than justified by the large modification in the original proposal which was imposed on the Government by the House as a consequence of that debate. But this principle, once established, was immediately arrested in its operation. New matter with regard to the subject then discussed, matter specifically denied on that occasion, was disclosed; it was not permitted to debate it. The powers and scope of the Commission, which were of even more importance than its composition, had never been discussed by the House at all; it was not permitted to debate these. The position in which the House was thus placed appeared to be not only illogical but unconstitutional. The form of tribunal evolved from this interrupted and abortive process, however satisfactory to a fond parent, was ill designed to fulfil the demands of its vocation or to

* Hansard, July 17, vol. 86, cols. 222-4.

meet the peculiar circumstances that were certain to surround it.

Once more I felt bound, by reason of the great interests involved, to delineate the main features of the case and explain the point at which we had arrived, in a letter to the public press.

SIR,—I must beg for space in your columns to call attention to the very grave position in which we are left by the refusal of the Government to allow further debate on the Committee of Inquiry.

That the House of Commons is the real place where such a matter should be discussed was made obvious in the previous debate. On the first announcement of the Committee of three, I asked the First Lord if he would give us an opportunity of discussing the subject. Mr. Balfour replied with what I may venture to call some asperity that he “saw no reason at all for giving the opportunity asked for.” What happened? The forms of the House supplied the opportunity; the discussion was pertinent and effective; the proposal of the Government was fundamentally altered and recast in a form to suit the general sense of the House.

I asked for a similar opportunity on Tuesday, and Mr. Balfour, as before, refused it. I desired to raise two points, neither of which had been discussed before: (1) The absence of all information as to the nature, powers, and proposed methods of the Committee of Inquiry; (2) The definite new matter which had arisen since the last debate, viz., that Professor Cunningham, who was officially announced on that occasion to have no connection with the Army Medical Department, actually holds a paid appointment under that body. The two points hang together, and the door that is closed against Parliamentary discussion will not be opened to admit the necessary evidence on the inquiry.

I. What is this Committee? It is not a legal court, it is not a Royal Commission, it is not a Statutory Committee, it is not a Parliamentary Committee. It will

therefore have no power to compel witnesses to come forward and give evidence. It can only take such evidence as is voluntarily tendered, or organised by interested departments. The latter will, therefore, practically control the inquiry.

If the powers of the Committee are amended in this respect, will *force majeure* be such a guarantee as will enable witnesses to speak freely? In any case, what assurance is to be given to those connected with the military service, from the highest to the lowest ranks, that they will not suffer loss or prejudice to their future by telling the whole truth? I give three illustrations of the difficulties. (a) A Colonial soldier, whose *bonâ fides* are vouched for in the *Cape Times* of June 23rd, in the course of a description of his treatment at Bloemfontein, says: "The authorities ask, Why don't you make a complaint? Well, the best answer to that is that no man makes a complaint a second time. I have seen men start to make a complaint to the visiting surgeon, who, of course, has a sergeant with him in his rounds, but before he could say sufficient to attract the doctor's attention, the sergeant would lean down and in an undertone threaten the man . . . that he would make it worse for him if he said a word." That deals with the question of complaints on the spot. (b) With regard to subsequent evidence, I adduce the fact that nearly every letter of complaint I have received is accompanied by an appeal not to disclose the name of the writer, with some such phrase as the following added, "The term of my service has not yet expired," or "I shall be ruined for life if I tell the truth." (c) My third illustration, the gravest of all, is contained in the contract which civilian surgeons employed by the Army Medical Department have been required to sign. I will describe it later on.

There are certain other questions which I desire to put as briefly as possible.

1. How does the Committee propose to inquire into the truth of statements for which I have made myself responsible? On this point I may say that, while those statements have been practically admitted by the

Government, and while in high military and political quarters they are known to be true, I for my part desire the most stringent and searching investigation into their accuracy. But how is the Committee going to inquire into a state of things which existed three or four months previously, every vestige of which will have been swept away by the time it reaches the spot, and of which the only witnesses remaining there will be the officials interested on one side of the inquiry?

2. Is the Committee going to push its inquiry back into the real seed-ground of the disaster—the insufficiency and unpreparedness of the Army Medical Department? Is it going to conduct that part of the inquiry to its logical sequence, a scheme of elastic enlargement and reform? But that is the duty of a Parliamentary Committee. The precedent of Mr. Roebuck's Committee in 1855 still holds good.

3. Is the Committee going to lay the foundations of such reform by examining on the spot what practical improvements are necessary and possible in the machinery of the medical service in war time? Although the war is nearly over, some opportunity remains in South Africa for such an examination if undertaken at once. But to that duty experience of war and of medical affairs in war time is essential. It is not suggested that any member of the Committee has ever seen a war.

II. Such questions, however, are relatively insignificant beside the great purpose of arriving at the truth through an inquiry which will commend itself to the public mind by its freedom from the slightest taint of partiality. The second main point I have to submit is that the appointment of Professor Cunningham will not conduce to the attainment of this supreme object.

The present and future cannot be separated from the past, and it is impossible to regard that appointment apart from the policy which has been consistently pursued by the Army Medical Department from the beginning of the war. It is the history of a studied campaign of departmental foresight, or, to put it in

plain English, of carefully prepared whitewash, which anyone interested in these matters can unfold by chapter and verse from public sources.

Rather than detain your readers by such an examination, I will state one striking fact, which shows that the campaign has been pushed to an illegitimate point so far as the public interest is concerned. Civil surgeons employed in these military hospitals have been required by the Army Medical Department to sign a contract not to divulge in any way what their impressions may be on hospital matters. That is a clause of sinister significance.

A single instance, already alluded to, throws a flood of light on the appointment under notice, and makes it unnecessary to discuss its origin. Professor Cunningham's name, with that of Dr. Church, was put into the hands of the Government under circumstances which led them to state that "those medical men have no connection with the Army Medical Department."

And there is something more. In spite of the facts, which do not agree with this statement, the appointment is defended and maintained. The day after that decision is made clear, by question and answer across the House, the Director-General exclaims in public: "I will bet my last dollar that the Army Medical Department will come out with flying colours."

I submit that this is not the issue. If the truth is found to exist in what I have seen with my eyes, and explained in all its circumstances to the best of my ability, and with a great public object in view, we want reform. Hitherto we have been enclosed in a network of departmental interests, which do not coincide with the public interest, and which, if allowed to spread over this inquiry, either by the constitution of the Committee or by its imperfect powers of taking evidence and protecting witnesses, will defeat a national and humane cause.

Is it too late to ask the Government to treat the subject with greater seriousness and sympathy than they have yet shown? It is one that touches many

hearts, and closely concerns the future of our army in time of war.

I am, Sir, your obedient servant,
July 19. W. BURDETT-COUTTS.

The subject of gagging civilian doctors referred to in the foregoing letter was raised in the House the same day by question and answer, and I made a correction of my statement which in my opinion made the case of gagging far worse.

DR. FARQUHARSON: I beg to ask the Under Secretary for War a question of which I have given him private notice—namely, whether it is a fact, as stated by the hon. Member for Westminster in the daily press, that civil surgeons employed in Military Hospitals in South Africa have been required by the Army Medical Department to sign a contract not to divulge in any way what their impressions may be on hospital matters.

The UNDER SECRETARY FOR WAR (MR. WYNDHAM): Civil surgeons have to sign a contract—not being enrolled or amenable to discipline under the Army Act—accepting the terms offered, and the obligation of discipline therein set out. I have in my hand a copy of the contract. The only paragraphs that bear upon discipline are as follows:—

“During the whole period I will devote my whole time and professional skill to my service hereunder, and will obey all orders given to me by commissioned military or naval officers, or by the permanent medical officers of either of those services.”

And the next paragraph runs:—

“In case I shall complete my service hereunder to your satisfaction in all respects, I shall receive at the end of the said period a gratuity of two months’ full pay at the rate hereinbefore specified; but in case I shall in any manner misconduct myself, or shall be (otherwise than through illness or unavoidable accident) unfit in any respect for service hereunder, of which misconduct or unfitness you shall be sole judge, you shall be at liberty from and immediately after such misconduct or unfitness to discharge me from further service hereunder, and thereupon all pay and allowances hereunder shall cease, and I shall not be entitled to any free passage home or gratuity.”

That is the only contract civil surgeons have to sign, and for my part I cannot discover any foundation for the statement in question.

MR. BURDETT-COUTTS: Arising out of the answer of the hon. Member, I desire to ask him a question which contains a correction of detail, but adds, I think, very largely to the force and significance of the statement to which the hon. Member for West Aberdeenshire refers. It is this—whether it is not the case that after some letters had been published from doctors in South African hospitals they had to sign a declaration to the effect that they were not to communicate their impressions of hospital matters to the public, or that they were to take the consequences?

MR. WYNDHAM: I have no knowledge to any such effect. The contract I have read is the only contract we have, and I am unaware of any other contract whatever.

SIR H. CAMPBELL-BANNERMAN: On that point it may be desirable to communicate by telegraph with South Africa as to whether this declaration exists or was enforced.

MR. WYNDHAM: There is no objection whatever.*

Although on subsequent occasions the answer to such telegraphic inquiry was more than once pressed for, it was never given.

On July 24th several questions were asked as to the powers of the Commission; and it was announced that it was to be issued as a Royal Commission, "as Parliament has passed a statute protecting witnesses before Royal Commissions," but that it would have no compulsory powers of calling witnesses or taking evidence on oath. Looking at the position of most of the witnesses important to the inquiry, and at the injustice of throwing on them the responsibility of volunteering to give evidence

* Hansard, July 20, vol. 86, cols. 613-4.

against their superior officers, I endeavoured to get their case out by a question. Mr. Speaker's interruption was inevitable. The refusal of discussion in the House reduces a Member to humiliating expedients, even in matters of vital importance.

MR. BURDETT-COUTTS: Has a Royal Commission which derives its authority from the executive power of the Crown not those compulsory powers?

MR. A. J. BALFOUR: No, Sir; I have twice said so.

MR. BURDETT-COUTTS: Then I will ask the right hon. Gentleman another question. I admit that it is a rather long question, but it can be briefly answered. In cases of regular soldiers, who believe that they will be marked men and would be ruined for life, and therefore will not speak; in the case of more humble people in some kind of active employment in connection with the Army Medical Department who have the same feeling, and therefore will not speak; in the case of civilian surgeons in the employment of the Army Medical Department, and dependent for their daily livelihood on the continuance of that employment, and therefore will not speak; and in the case of civilian doctors—

MR. SPEAKER: Order, order! The hon. Member is really delivering a speech and an argument. An answer has been given to the question, but the hon. Member is now proceeding to point out a number of cases in which he considers that witnesses require protection. If more information is required he should give notice of the question.

MR. BURDETT-COUTTS: I had no intention of making a speech; I was only enumerating certain cases with regard to which I desired to ask a question. I will, however, stop the enumeration and will ask the right hon. Gentleman how, with regard to all those cases of people dependent on their employment for their existence, he proposes to obtain such important evidence without compulsory powers, and whether he proposes to give the witnesses protection.

MR. A. J. BALFOUR: In my opinion the question conveys a perfectly unmerited insult upon persons who do not deserve it at his hands or anybody else's. If the hon. Gentleman will wait until he sees in print the statement made by Lord Justice Romer this morning, he will see what precautions have been taken by the Commission.*

Again I refrain from commenting on the first part of this answer. The latter part will be found more fully dealt with in my final speech on August 6th.† Mr. Balfour, in a previous answer, had described the "precautions" as follows:—

"I understand that the Chairman of the Commission has already made public the very elaborate precautions which the Commission propose to take for the protection of witnesses, and I doubt whether any statute would give a protection so absolute."‡

I argued on August 6th that the precautions amounted to nothing at all, or worse than nothing.

The next phase is surrounded by a calmer atmosphere, far more congenial to one whose whole object throughout this struggle has been to prove the need for, and so obtain, reform. In a normal debate on an Army Supplementary Estimate no reference to the Commission would be permitted, and I was able to direct attention very briefly to a few of the defective features in the Army Medical system and to indicate by illustration some of the lines which reform should follow.

MR. BURDETT-COUTTS (Westminster):

THE CENSORSHIP.

I rise to say a few words on the subject to which the

* Hansard, July 24, vol. 86, cols. 1042-3.

† Page 137.

‡ Hansard, July 24, vol. 86, col. 1042.

hon. Member has just addressed himself, but I should like first to refer to the censorship. No one can realise better than I do the necessity of striking out from correspondence or telegrams anything that could in any way affect the strategic or military interests of the Army, but I do not think that those limits include statements with regard to the condition of the sick and wounded. A short time ago there was a facsimile of a despatch from a correspondent published in a morning paper, and several sentences which he had inserted with regard to the unhappy condition of the wounded were deliberately obliterated by the censor. I know another case in which a long despatch was written on the same subject, and the whole of that letter was censored. A somewhat amusing incident happened to me out there. A telegram was sent to me—a domestic telegram—written in Italian, and containing some such phrase as "*tempo magnifico*" or "*dolce giorno*." It was detained twenty-four hours while the censor was endeavouring to find out what horrid foreign plot was being hatched. May I point out what I think is a great mistake with regard to the censor. The same official who censors despatches has the whole control of the movements of the correspondents. He controls their passes, can give them orders, tell them where they can go, how long they can stay, and altogether exercises the most draconic authority over them. The two offices ought to be separate; the striking out of what is not considered proper in a despatch should be done by one person, and the movements of correspondents controlled by another. If that were done there could be no suggestion of a correspondent being prejudiced by anything he had put in a telegram. Moreover, the censor should be a military man. My own experience is that when civilians get into khaki they out-Herod Herod in militarism. They are the counterparts of the gentlemen who stay at home and indulge in vicarious heroism, and who think they are very brave when they say that the British soldier ought to endure every possible hardship whether it is avoidable or not.

ARMY MEDICAL TRANSPORT. THE IRISH AND
N. S. WALES FIELD HOSPITALS.

I listened to the very able speech of the Under Secretary of State for War, and I noticed that in his division of this money into expenditure for immediate and for permanent purposes he did not give any information about this very large additional Vote for the Army Medical Department. The right hon. Baronet the Member for the Forest of Dean, referred to the cutting down of the transport of the Royal Army Medical Corps, but I think the real point is that the Department does not possess any transport of its own, and without transport of its own it never knows what it can do, what it will be able to do, and is never able to make proper preparation for pressure in this place or that. I would venture to illustrate this fact by the very remarkable service that has been performed in this campaign by the medical units which had their own transport. One was the private hospital known as the Irish hospital. Owing to having its own transport that hospital was of the greatest possible service; at Bloemfontein it supplied nearly the whole of the transport, and the ambulance waggons and mules were constantly at work for the Government hospitals and the town and field hospitals. A still more remarkable case was that of the New South Wales field hospital and bearer company, which was found to be so efficient and so valuable that it was broken up from time to time into three or four units, and was looked to in every emergency. One of its great advantages was that it had its own transport, and consequently was always ready to go where it was wanted, and to do work which other medical units were unable to do.

STORES, EQUIPMENT, PERSONNEL.

With regard to these extra stores, I think it is legitimate to ask what proportion of them are to be medical stores. The Committee may not quite understand the position of the Army Medical Department or the Royal Army Medical Corps in a campaign in this

respect. The Royal Army Medical Corps possesses nothing of its own except medicines and drugs. It has to draw the whole of its transport, food supplies, and so on from the Army Service Corps, and the whole of its equipment from the Ordnance Department. It would be interesting, therefore, to know whether the necessary equipment for the Royal Army Medical Corps forms a part of these extra ordnance stores. I do not myself think that the difficulties and the, to my mind, disastrous results which have arisen in South Africa in connection with the medical service have been caused so much by an absence of equipment as by an absence of men. Everybody who has been out there—every consulting surgeon and other authority—has called attention to the fact that the Royal Army Medical Corps has been fatally undermanned. To that fact has been owing the circumstance that great numbers of the sick could not get proper attention. The service has been undermanned in doctors, in orderlies, and in nurses. It is, therefore, fair to ask whether anything is to be done with the portion of this Vote which is for permanent purposes, to secure a better state of things for the future in the Army Medical Department.

ARMY MEDICAL RESERVE: A FINE EXAMPLE.

Although I realise that the Army Medical Department is too small, I do not make so much of that. I quite realise that it is perfectly impossible to maintain in time of peace an Army Medical Department equal to the strain of a great war, and, therefore, you must have some system whereby you can at any moment, when occasion arises, call for skilled aid, whether it be of doctors, orderlies, or nurses. My great complaint has been that there is no such system in the Department at all; there is no system of reserve; there is no effective system of an auxiliary medical force attached to the Militia or to the Volunteers, although there is a small beginning of a Militia medical system. In this connection I would like again to refer to the New South Wales field hospital. That magnificent medical unit, so splendidly equipped and disciplined, and able to meet the greatest emergen-

cies at the front, was composed entirely of civilians. Some of the most famous Australian doctors gave their services voluntarily, giving up the large incomes they were deriving from their practices in order to serve in the field. It seems to me that if a medical service of that kind could be established through the machinery of the Militia, with a month's training and field days now and again, that would be a model upon which might be based a very effective improvement of the Army Medical Department.

ORDERLIES.

There is no practical elasticity about the Department. Putting aside the question of the Militia and the Volunteers, they have no system by which they can call upon carefully selected medical men for the purpose of sending them out to a campaign. As to orderlies, I think it would be very difficult for any system to create a sufficient number of nursing orderlies to meet the needs of a great war. There are the St. John Ambulance orderlies, and very admirable work they have done in this campaign. But it must be remembered that they have no practical training of any kind, and the general opinion in the Army Medical Department is that it takes at least six weeks to accustom even a theoretically trained St. John Ambulance man to the efficient handling of a patient. I have heard Army Medical officers say that it takes three years to train a nursing orderly properly. No system of theoretically trained orderlies will supply what you want in time of war.

NURSES.

What is the alternative? If you cannot keep a large number of men nurses in time of peace ready and sufficiently skilled to go out to a war, you have always at your disposal female nurses all over the country, and one of my great complaints has been that, starting from a theoretical and very obstinate objection to female nurses in the Department at home, there has not been anything like a sufficient supply of nurses to meet the cases of sickness and enteric fever. I think that objec-

tion in the Army Medical Department at home ought to be erased. We ought to accept at once, in any campaign carried on in a civilised country such as South Africa, where women are respected in every way, the principle of having a very large number of female nurses certainly at the base and stationary hospitals. The Boers themselves have female nurses in their field hospitals, and very admirable nurses they seemed. I do not, however, insist on female nurses going with field hospitals, but I do think they ought to be with field hospitals when they become stationary hospitals.

WANT OF ELASTICITY: AN INSTANCE.

The lack of elasticity in the system can be best illustrated by looking for a moment at one of the base hospitals at Cape Town. Military base hospitals are very admirable institutions, but it must be remembered that each one has a staff of 166 men, including doctors. These base hospitals are strategically safe. If there was any elasticity in the working of the system, when the pressure came the whole of the staff of a base hospital could be pushed up to the front where they are most needed, being trained men—Army medical surgeons, trained orderlies, men belonging to the military contingent—and their places could be supplied by putting in their tents a completely civilian institution. There would have to be two or three officers and a small staff at the head to keep up communications with the military authorities, but all that concerned the medical and surgical treatment of the patients could be done as well by a civil as by a military staff. I might illustrate the point further by referring to the private hospitals sent out to South Africa. There were eight or nine such hospitals, and each, with the exception of one Army medical officer to keep up their connection with the military system and to send in the returns, was a purely civil institution. Would it not be as possible for the Army Medical Department as for private persons to create and to send out a civil institution such as that? I have ventured to make these few remarks to the Committee to indicate the line which I think the expenditure

of money now to be voted for permanent as distinguished from immediate purposes should take, and I think I may be pardoned for urging upon the Committee some improvements of the system which would, at all events, result in having at the seat of war a sufficient *personnel* to avoid much of such suffering as has occurred in the present campaign.

This occasion marks the first and only reference made by a responsible Minister to the question of reform of the Army Medical Department; even now it is practically confined to a suggestion as to the status of Army doctors. A month had elapsed since the subject of the treatment of the sick and wounded had first roused popular feeling, a month full of searching doubt and deep anxiety, not only with regard to the past and present, but as to the future. The truth had long since ceased to hang on the testimony of a single individual. A "cloud of witnesses" had arisen; patent and undeniable flaws had been disclosed; an inquiry had been granted from the first. Was there no place for at least a conditional promise of reform to allay public anxiety for the future, to assure the friends of the Army that if defects and abuses were found to exist they would never be permitted to occur again, and to dispel the growing suspicion that the interests of Departments were after all to be held superior to the interests of the nation? The idea grew and took root that the first business of a Government was to defend a bad system, the second to hide its defects, and the third and last—at a long distance—to reform it. One strong, unhesitating declaration of reform, if reform should prove to be necessary, would have cleared the position, and in my opinion would have greatly strengthened the Government on this question.

CHAPTER VIII.

A FINAL EFFORT (AUG. 6).

REASONS: NO DEBATE; NO PATIENTS' EVIDENCE TAKEN IN ENGLAND; OFFICIAL CONTROL IN SOUTH AFRICA. THREE METHODS OF GIVING POWERS. THE APPROPRIATION BILL. THE SCENE IN THE HOUSE.

SPEECH:—NO DISCUSSION IN THE HOUSE; A COMMISSION WITHOUT POWERS; A COMMISSION UNDER CONTROL; NO PROTECTION FOR WITNESSES; FULL POWERS SHOULD BE GIVEN; WITNESSES WHO WILL NOT SPEAK; INSTANCES: (1) OFFICIALS, (2) OFFICERS, (3) PRIVATE SOLDIERS, (4) ARMY DOCTORS, (5) CIVILIAN NURSES, (6) CIVILIAN DOCTORS: INSULTS—SHAM AND REAL; REMEDY; EVIDENCE OF COLONIALS; A BAD CASE AT CAPE TOWN; A GENTLE APPEAL.

MR. BALFOUR'S REPLY, WITH A FEW OBSERVATIONS ON IT. NO FRIENDS.

THE closing scene of this brief but interesting Parliamentary drama was both tragic and comic. Up to now, with a single exception, it had been conducted by question and answer, an unsatisfactory process at best, and one in which the Minister has a decided advantage over the Member. There had been the short debate on the first Committee of Three, with its curious termination, significant enough of the potentiality of the House, as distinguished from the Front Bench, in such matters. There had been no debate on the "new

matter" that had subsequently arisen with regard to the composition of the first Committee, no debate on the Committee of Five, and no debate of any kind on the vital question of the powers of the Commission. I had done what lay in the power of an individual, both in the House and the public Press, to bring this matter forward with a view to adding to the strength and dignity of the Commission, and to the efficiency and thoroughness of its inquiry.

The Reference to the Commission was "To report on the arrangements for the care and treatment of the sick and wounded during the South African campaign." When these terms were criticised as "narrow," they were more exactly defined by Mr. Balfour in these words: "The reference was to inquire into the treatment of every sick and wounded man in South Africa. You cannot go further than that."*

The Commission had sat for a fortnight in London and it was obvious from the kind of evidence presented to it during that time that those who could speak from the patients' point of view, together with some other classes of witnesses, would not come forward. Of the former there were many thousands back in England fresh from the scenes and times I had described. With the exception of a useless visit to Netley, to which reference will be found in my speech, practically no private soldiers had been heard.

The Commission had set sail for South Africa, intending, as it was announced and generally understood, to defer taking the great mass of evidence which was to be obtained in England till their return home. But

* Hansard, vol. 87, col. 870.

if there was reluctance here, it was obvious that this would be increased ten-fold in South Africa, where everything was under military and official control, and where the Department which was on its trial would have unlimited opportunity of organising its evidence and putting forward its case. There would be no one at all to perform the same service for the other side, and no inducement to anyone to face the disagreeable and possibly injurious task of voluntarily coming forward.

The Commission at its first sitting had announced its intention of applying for further powers if it proved necessary. I formed the opinion, from the experience in London, and from many trustworthy correspondents in South Africa, where the normal conditions of communities were completely changed by the war, that an inquiry without full powers must be partial and largely confined to the evidence of officials responsible, directly or indirectly, for the defects. Whatever the sincerity of purpose of the Commission, and however earnest its pursuit of impartiality, strangulation must be the fate of the inquiry.

There were three ways in which these powers might have been conferred, though on the date of this last debate it was too late for the first. There had been plenty of time for it while the subject was before the House.

1. A Statutory Commission by Act of Parliament in England. Such an Act could have been passed through both Houses in a few days, so strong was the consensus of opinion in favour of a thorough inquiry. I have it on high authority that there would not have

been the slightest objection on the part of the Government or people of the Cape to the powers of a Commission dealing with such a subject and at such a time running in the Colony, while the constitutional right is unquestionable.

2. A short Act could have been as quickly passed through the Cape Legislature conferring such powers on the Commission. I have it on the same high authority that this would have been readily agreed to.

3. Outside of Cape Colony and a portion of Natal the whole country is under martial law. The Commander-in-Chief could have conferred full powers on the Commission by a stroke of the pen. This was actually done by Lord Roberts a month or so later in the case of the Concessions Commission dealing with some State commercial abuses of the Transvaal Government. Why was it not done in this far more important matter, which concerned the life and death of our soldiers? Was there no need for it? The answer to the first question I cannot give. The answer to the second must be deferred.

Without at the time being so well informed as to the means then available, which was obviously a matter for the legal advisers of the Government, I determined to make one more effort to obtain these powers for the Commission.

I may mention, for the information of the uninitiated, that there is one occasion, at the close of the Session, on which any subject under the sun can be brought forward. It is the Appropriation Bill, so called because a Member can talk about anything he thinks appropriate. There is always a very thin House. The grouse

are crowing in the heather, and the waters of the Solent sparkle in the sun. The weary legislators are all gone, save Ministers, Secretaries, and that section of tried and trusted followers whose function it is "to keep a House." Add to these a few who have neither gun nor yacht, and a few more who take an over-serious view of life.

On this occasion our benches were sparsely occupied. On the other side a little knot of militant Radicals sat below the gangway; above it no one save a single ex-Minister on the front Opposition bench. Our own front bench filled quickly as soon as it was known that their especial bugbear, the Hospitals Question, was on its hind legs.

Then occurred one of the reddest of scenes, growing to white heat before it was over. The House of Commons is a grate which a match will always set alight. If only a little fuel remains it blazes and crackles and splutters all the quicker. Guileless as a child, but still with a child's human nature, it was I who threw the match in. I had borne a long course of hostility with exemplary restraint. Every Ministerial speech and answer to a question had been converted when possible into a personal attack, and I had aimed no shaft at the quarter whence it came. On this occasion my object was to state the case—a strong one, I thought—for compulsory powers. My speech, like the play of *Hamlet*, was made up of quotations. Before sitting down I ventured to utter a gentle prayer—it was but the cooing of a dove—"for a more serious and a little more sympathetic view" from the Minister. *Ruit cælum!*

MR. BURDETT-COUTTS* (Westminster): I am sorry to have to divert the attention of the House from subjects so important in themselves, and which have been rendered so interesting by the three speeches to which we have listened. If I may venture to say so, in regard to the speech of the hon. Member for Cocker-mouth, while saving the interest of my party, I would hope that the mournful anticipations he has indulged in with regard to himself will not be realised, and that he will return to this House to interest and amuse us with his familiar and genial presence.

NO DISCUSSION IN THE HOUSE.

I feel bound to call the attention of the House at this late period of the session to the position in which the question of the sick and wounded in South Africa is left by the form of the inquiry that has been instituted. It seems to me extraordinary, and, I think, most unfortunate, that a subject in which the people of this country are so deeply interested—more interested, I think, than Her Majesty's Government seem to be aware of—should, in its later and most important phase, have been accorded no adequate opportunity of discussion in this House. It is not my fault if any criticism I may feel bound to offer was not made before in this House—was not made at a time when it might have led, as another criticism led, to an effective discussion. I took the only opportunity that was open to me, and that was through the public press, to protest against certain features in the form of this inquiry. The Government, it is true, proceeded to make a change in the status of the Commission, but that change conferred on the Commission none of the powers essential to arriving at a proper conclusion. There has been no opportunity in this House of discussing the constitution of the Commission as a whole. There has been no opportunity of discussing its original constitution by the light of certain facts which were authoritatively denied from the Front Bench, and subsequently admitted. I do not propose myself to

* Hansard, Aug. 6, vol. 87, cols. 852-62.

discuss the constitution of the Commission to-night, partly because I think it would be more respectful to a former ruling of yours, Sir, that I should not do so, and partly because I for my part have no desire, now the Commission has been constituted and has gone to work, to criticise its personal composition on this occasion.

A COMMISSION WITHOUT POWERS.

There is another question to which I wish to refer, which is far more important, and for which there has been no opportunity of discussion in this House, and that is the powers with which it goes forth. I propose to show that the Commission has been issued divested of all the powers essential to finding out the truth in this matter; and the great, permanent, humane, and national interests involved in this inquiry will be imperilled, if not defeated, by the course that has been taken. The Committee, as it was originally called, has been turned into a Royal Commission. But in announcing that fact the right hon. Gentleman the First Lord of the Treasury stated that the change did not confer upon it either the power to take evidence on oath or power to compel the attendance of witnesses. Well, if that is so, the Committee goes forth with its hands tied behind its back, utterly powerless to push the investigation home.

A COMMISSION UNDER CONTROL.

Moreover, it goes forth at the mercy of one side and of one interest in this inquiry, and that the side and interest most involved in its own exculpation. What is the exact position? I have never suggested that the whole blame for the state of things that has existed in South Africa devolved upon the Army Medical Department, but undoubtedly it is largely involved. The watchful and far-seeing energy of that Department in its own defence has become sufficiently notorious. It is not criticising the action of the Commission to say that I could give an instructive illustration of this from the curious selection of witnesses that has been presented to the Commission in this country. Is it to be

supposed that this energy in its own defence will be relaxed as the trial goes on? The Commission has gone to South Africa. There nine-tenths of the evidence is under the control of that Department, or of some Department of the War Office; their hand reaches over the whole field of witnesses. Of course, they will organise the evidence and they will choose the witnesses. There is no organisation on the other side of the case. I myself can give the Commission very little assistance, for reasons I will make clear in a moment. On one side you have this powerful organisation; on the other you have absolutely nothing but the voluntary act of individuals, ninety-nine out of one hundred of whom believe, rightly or wrongly, that they will be prejudiced by coming forward.

NO PROTECTION FOR WITNESSES.

The right hon. Gentleman the First Lord of the Treasury, when I brought this subject forward on a former occasion, referred me to "the very elaborate precautions which the Commission propose to take for the protection of witnesses," and he proceeded to add that he "doubted whether any statute would give a protection so absolute." What are those precautions? I confess I was amazed, when I read them, at the description the right hon. Gentleman gave. They are two. First, witnesses in Government offices will be freed from their obligation of secrecy with regard to official information. Surely that is an ironical precaution. What do witnesses in Government offices know about the sufferings of the sick and wounded in South Africa? And what sort of evidence are we to expect from offices which contain the very Departments which are on their trial in this matter? The second precaution is that the evidence of those who desire it will be taken in private and their names will not appear. This is no protection at all. (AN HON. MEMBER: Why not?) I will tell you. With the Commission holding its sittings, as it will have to do henceforth, in localities where every individual is known, with half a dozen officials at the doors and half a dozen reporters inside, do you suppose

you will persuade any man that his name will not leak through to that inner circle of authorities whom he fears? (An HON. MEMBER: No!) My hon. friend says no. Take the case of a private soldier. He will have to get leave of absence to attend before the Commission: his officers and non-commissioned officers will know all about him, and next morning they will not have the slightest difficulty in identifying his evidence and knowing what he said. But the second precaution is open to far graver objection. Do you suppose for one moment that the public mind, which is awake on this question, is going to be satisfied by even a partly secret inquiry, with any of its proceedings carried on in the dark, and any of the grounds of its conclusions wrapped in mystery?

FULL POWERS SHOULD BE GIVEN.

The Commissioners in their opening statement went on to say, and the right hon. Gentleman repeated it here——

MR. SPEAKER: Order, order! The hon. Member is now about to refer to the proceedings of the Commission itself——

MR. BURDETT-COUTTS: No, Sir.

MR. SPEAKER: The hon. Member began by saying, "The Commissioners in their opening statement" said so-and-so.

MR. BURDETT-COUTTS: Yes, Sir.

MR. SPEAKER: The hon. Member will be out of order in referring to the proceedings of the Commission.

MR. BURDETT-COUTTS: Then I will keep within your ruling, Sir, by confining myself to stating that the First Lord of the Treasury said in this House that if the Commissioners "are substantially hindered from ascertaining the facts by the absence of compulsory powers, they will not hesitate so to report to the Prime Minister and to ask his assistance in procuring the necessary powers." The right hon. Gentleman stated at the same time that the only means of

giving them those powers was by Act of Parliament. But the Commission has gone to South Africa, and this Parliament is over. What is the Government going to do? Does it propose to wait till a new Parliament meets or another session opens, and then pass an Act of Parliament when all the most important part of the Commission's work is done?

WITNESSES WHO WILL NOT SPEAK. INSTANCES:

(1) OFFICIALS.

I am sorry to have to detain the House, but I do not on a question of this kind like to indulge in generalities, and it will make my point more clear if I give to the House certain instances which will show how little chance there is of the Commission getting at the truth in this matter. There are many classes of witnesses. In the first place, there are the officials engaged out there. I have here a letter from a responsible and important official out in South Africa, written some time before my article appeared in the *Times*, and entirely independent of it, giving an account, with long and exact details, of the confusion, incompetence, and mismanagement which resulted in three general hospitals going up to the front, but with the staffs of two and beds and equipment of one and the tents of another: and the red tape which prevented those three elements being combined for the use of the sick and wounded, who were lying and dying huddled together on the ground in the field hospitals. But at the end of his letter—and this is the point—he says:—

“I trust to you not to give me away by quoting my name. You know what the result would be to me.”

(2) OFFICERS.

Then there are the officers themselves. They may be young officers, but they are none the less watchful, and their testimony is none the less valuable on that account in regard to things they have seen. I will give two instances. The first is an officer who saw with his own eyes and described in detail the horrible sufferings of the wounded at Paardeberg

owing to the almost entire absence of everything that was necessary. I thought he would come forward and tell his story; but after a couple of months he says:—

“I cannot give evidence; I am convinced it would prejudice my future career in the Army.”

The second is an officer who was able to speak of at least three of the most important incidents to which I myself bore testimony in this House, and who saw many other things equally bad if not worse. I took down this officer's detailed statement in South Africa, and read it over to him. I hoped he would come forward, but he has returned to this country, he has gone into his club, and now he says:—

“I cannot come forward. I know what it would be. I want to get on in the Army. And then there is the regimental feeling. The fellows would say, ‘What did you want to come forward for and make complaints?’ and I should not be able to stay in the regiment.”

(3) PRIVATE SOLDIERS.

Then there are the private soldiers themselves—the rank and file of the Army—whose fear of “the authorities” is traditional, and who look on any and every inquiry as a court-martial. From these I have had plenty of letters—I will not say “innumerable” letters—giving most important details, but all, with hardly an exception, begging that their names may not be mentioned, as they know the consequences. The Commission went down to Netley. (“Oh, oh!”) It so happened that I had a correspondent at Netley, a relative of a respected Member of this House, and in every way trustworthy and reliable, who wrote to me giving detailed and very strong statements from several of the men there, and saying:—

“Had I been longer at Netley and set about it systematically, I could have had plenty more statements, but directly the soldiers think anything they might say might come out nothing would induce them to speak, as they told me they would only get punished if they complain about anything. I am much afraid the Commission will do no good. If they were disguised as orderlies and lived the life for a few days they would find out the robberies and neglect and inhumanity in South Africa, but just going, perhaps well heralded, will be absolutely useless.”

That is from a person who has been constantly for the last month in Netley amongst the patients there. But I do not see much similarity between the statements I have in my possession and the reports of the evidence taken at Netley which I read in the public press.

(4) ARMY DOCTORS.

Then there are the doctors or officers of the Army Medical Corps and the Army nurses, who have worked so strenuously, and many of whom have died, under conditions which were unfair and unjust and unnecessary, and to which they ought never to have been subjected, and who would be able to point out how many of those conditions might have been avoided. Apart from the fact that by a sustained misrepresentation my statements have been taken as an attack on the Royal Army Medical Corps, what is the position of the doctors? They depend for their advancement upon a private report of their superior officers. Do you suppose that they would be induced voluntarily to come forward and make complaints? Promotion in the commissioned ranks of the Army Medical Corps comes very largely by selection. Then there are the non-commissioned officers and orderlies of the same Corps. They too depend very largely upon selection by their superior officers; and I do not think I am urging anything unfair when I say that if you have to depend upon those men voluntarily coming forward to make complaints against their superior officers you will not get their evidence.

(5) CIVILIAN NURSES. (6) CIVILIAN DOCTORS.

Then there are classes of civilians who have been engaged in these military hospitals. There are the so-called Army Reserve Nurses—a very important class. From these I have many letters giving exact and startling details; but all of the writers, with one single exception, asked that their names might be suppressed lest they should not be chosen again for work which their bravery and devotion made them eager to obtain.

Lastly, there is the most important class of all—the

civilian doctors who have been engaged in military work. Most of these belong to that large floating element of the medical profession which very often, through no fault of their own, are without fixed employment, and who are looking to the continuance, in one form or another, of this employment under the Army Medical Department, upon which their livelihood depends. I have taken at random a letter from one of these doctors, written to a relative before my articles appeared in the *Times*, and quite independently of those disclosures, and he states :—

“I assure you that there is a great deal of nonsense being talked at home about the perfect arrangements made for the sick.”

This was written six weeks before my letter appeared in the *Times*:

“The wounded do better, as there is a certain halo of romance about the thing which is not the case when a poor devil drops out on the march suffering from dysentery, pneumonia, or typhoid. People at home would not believe me if I told them that two days ago eighty sick men passed south through this station in open cattle trucks with no one in charge. They had been travelling by road and train for three days, and had had no food for thirty-six hours. Two of the men were dying.”

The doctor's relative who sent me the letter says, “Of course, you will not give the name of the writer.”

I have other independent letters of the same kind written to relatives, and also a large number written to me direct, containing much evidence which would be of the greatest possible use to the Commission, but in all cases the difficulty with regard to disclosing the name comes in.

I must give one more case—amongst the civilian doctors. A considerable number of these civilian doctors are endeavouring to obtain permanent appointments in connection with the Army Medical Department. I have a long letter from a civilian surgeon with regard to a hospital not at Bloemfontein—he sends me a copy of correspondence bearing out his statements—which is one of the worst cases that has been brought to my notice. This doctor says that in this hospital there was a complete lack not only of medical comforts but of drugs; that these were easily obtainable close

by; and that he applied for them over and over again, but was refused. He says that men died in his hands solely for want of those drugs, and at the end of his letter he states that he is applying for a permanent appointment under the Government, out of which he will be able to make a decent living, and adds:—

“I mention the fact in order that you may know of my position, for I am a married man with [such and such a number of] young children. I cannot afford to let my family starve, and therefore I pray of you not to disclose my name to the authorities.”

INSULTS—SHAM AND REAL. REMEDY.

When I put the case of these classes to the First Lord of the Treasury as persons whose present livelihood and future interests would prevent their speaking out, the right hon. Gentleman replied that “the suggestion was an unmerited insult” to them. To my mind the real insult to these people lies in placing them in a position in which they must either hold back the truth, or suffer—as they believe, rightly or wrongly, they would suffer—personal loss or prejudice.

MR. IAN MALCOLM (Suffolk, Stowmarket) said the hon. Member had been the recipient of these communications, and had honourably observed the secrecy desired by the writers. But why could not that same secrecy be observed by a judge of the High Court?

MR. BURDETT-COUTTS: I have already told my hon. friend why in South Africa that secrecy cannot practically be maintained. I have given these cases in order to ask what is the remedy the Government propose for this state of things. I do not wish to be misunderstood. I am far from saying that the future interests of these persons would be injured or would be prejudiced by their coming forward to give evidence. My whole point is that they believe they would be so prejudiced, and that that conviction, which cannot be eradicated, will prevent the Commission getting the whole of this valuable evidence. The only way in which this fatal result can be avoided is to relieve them of the responsibility of voluntarily coming forward by giving the Commission compulsory power to call them as

witnesses: and I believe there is only one way by which, if they do come forward, you can get at the whole truth, and that is by giving the Commission power to take evidence on oath.

EVIDENCE OF COLONIALS: A BAD CASE AT CAPE TOWN.

There is only one more question, but it is a very important one. How do the Government propose that the Commission shall obtain the evidence of the Colonial soldiers who have been invalided home and returned to the Colonies? I want to call attention to a very painful incident which I think deserves the consideration of those hon. Members who have been in the habit of making the splendid voluntary aid given by our Colonies the subject of the perorations of almost all their recent speeches on the war. I am going to read a letter which is reproduced in the *Western Mail*, an Australian paper, and which has reference to a number of Australian troops who came down from the front to Cape Town, and went to Maitland Camp. The letter is written by a well-known resident at Cape Town, an Australian by birth, and was addressed to Sir Alfred Milner. It is dated Cape Town, 22nd May, and is as follows:—

“Sir,—In the cause of humanity, I feel obliged to bring under your notice the treatment received by about 100 sick and wounded Australians and New Zealanders, who are at present in the Maitland Camp. These men are sadly in want of warm and decent clothing, many being without overcoats and blankets, and their repeated requests for these have not been attended to. The condition of these men is such that, were it known to the people of Australasia, a big reaction would set in against volunteering for any future campaign. This, I feel sure, is not the intention of the British Government. . . . So bad is the lot of these men (and, no doubt, other Volunteers) that a number of them have been sent back to the hospital suffering from a relapse; besides which the men who are invalids are not fit to sleep on the ground, especially at this time of the year, much less when they are compelled to do so without blankets, waterproof sheets, and great coats. . . . There are men at present in Maitland Camp whom the doctor instructed are to have milk diet, but they cannot obtain any milk. . . . I sincerely trust your Excellency will have the condition of my countrymen improved at your earliest convenience.

“I am your obedient servant.

“HENRY McDONNELL.”

This letter was asking Sir A. Milner to go and look at the condition of things on the spot, and the House will remember that Maitland Camp is within two miles of Cape Town. The following reply to the above letter was received :

“ High Commissioner’s Office, May 28, 1900.

“ Sir,—I am directed by his Excellency to acknowledge receipt of your letter, and to say that the matter to which you direct his attention, and of which he was entirely unaware, appears to be exceedingly serious, and will receive his immediate attention.”

The paper goes on to say that the circumstances under which these men departed for Australia were—

“ regarded as the most serious fault of the Imperial authorities. At two o’clock on the day the *Australasia* left Cape Town the Australians who lay in their beds at Woodstock Hospital were told that they would have to leave for their own country in two hours’ time. Many of the men had not been out of bed for weeks, and few had a penny, though much was owing to them all in the way of arrears of wages, while their outfits were all incomplete. The case of Bottomley, the Queenslander, who is still confined to his bed, was, it is alleged, a particularly serious one, and his comrades pleaded that he might be allowed to remain in the hospital ; but the officials stated that they had received their orders, and the men would have to go. It was pointed out that Bottomley could not walk, and that he was absolutely penniless, but the authorities were obdurate. At last some of the convalescent soldiers were able to obtain some money, and to hire a cab for the man, who, it is stated, was regarded as being in a dying condition.”

This was in the month of May, at Cape Town—the base of supplies, the depôt of the concentrated resources of the mother country, with all her wealth, and all her welcome of these distant sons of hers. If these things have been done in the green tree, what has been done in the dry ? What need to inquire into the doings of Departments at Bloemfontein which have permitted these shameful things at Cape Town ? I would ask the right hon. Gentleman if he can give us any assurance that the evidence of these men who have returned to their homes will be taken.

A GENTLE APPEAL.

And now I will come back to the main object of my speech, and will ask the right hon. Gentleman whether it is really too late for the Government, by

some means of which I have no knowledge myself, to confer upon this Commission the compulsory powers and the power of taking evidence on oath, which are essential to its carrying on an effective inquiry and arriving at the truth. I venture sincerely to ask the right hon. Gentleman to take a more serious and a little more sympathetic view of this whole question than it appears to me has characterised his attitude towards it hitherto. I ask it on behalf of hundreds of thousands of people in this country who undoubtedly take a serious view of it. I ask it on behalf of our common humanity and of our national strength, of the future welfare of our soldiers, and of the popularity of the military service among those classes from whom the rank and file of the Army, who have suffered most in this matter, are drawn, and in a country which must always depend for its military strength on the voluntary spirit. I have felt bound to criticise the inherent defects of the form of this inquiry instituted by the Government. If the party system in this country has come to such a rigid phase that it is not permitted to a Member of Parliament to take that attitude when a great national object is in view, it is a bad thing for the country. I do not believe that the party with which I have acted will so far fall from their legitimate position of representatives of the people of this country as to treat perfunctorily or petulantly a subject which involves great humane and national interests.

Mr. Balfour replied. In this case I must make an exception to the rule imposed by the brevity of this record, and reproduce his speech verbatim. Otherwise I might be accused of an injustice. The rules of debate in the House, differing from those in Committee, permit a Member who has once spoken no opportunity of a second speech. I will therefore venture to add a note here and there to illustrate the relation of the two speeches : such notes will be very simple and restrained.

THE FIRST LORD OF THE TREASURY* (MR. A. J. BALFOUR, Manchester, E.): The hon. Gentleman who has just sat down ended his speech with a lecture addressed to myself in the first place and my colleagues in the second place, and to the party of which he professes to be a member, for our want of sympathy with the cause which he has advocated—all but himself. (Opposition cries of “Oh!” and an HON. MEMBER: Hitting below the belt.) If the hon. Gentleman accuses me or any other Gentleman on this side of want of sympathy with the wounded and suffering in South Africa, he has shown himself utterly unworthy of the party to which he belongs or with which he pretends to act. What does the hon. Gentleman found his accusation of want of sympathy upon? What is his basis? Is that an accusation to be lightly hurled by a member of a political party against the rest of his party without justification? What is the basis of it? If the hon. Gentleman wishes to interrupt me I am quite ready to sit down.

MR. BURDETT-COUTTS: Sir, what I stated was that, in my opinion, the attitude of the right hon. Gentleman—not the party—had shown a want of sympathy upon this question.

MR. A. J. BALFOUR: If the hon. Gentleman confines his attack to myself, apart from my colleagues, I can afford to treat it with contempt, and I do treat it with contempt. There is absolutely not the slightest justification for it. He has stated no justification for it, and as a mere question between himself and me, as he has chosen to make it so, I do not think it worth while occupying the time of the House upon it. Very well; I pass from that purely personal question, in which I take no interest, to the larger issues which the hon. Gentleman has raised in the course of his observations. [*At this the interest of the House fell; but quickly rose again.*] I should never have gone beyond those issues had not the hon. Gentleman chosen, in the concluding words of his speech, to make a most unwarrantable and outrageous attack upon myself.

* Hansard, August 6, vol. 87, cols. 862-9.

Now, Sir, the hon. Gentleman, as I understand him, bases his attack upon what has occurred upon the character of the Commission which has been appointed : and what is his attack upon the Commission appointed ? [*The “attack on what has occurred” now becomes an “attack on the Commission”—two somewhat different things.*] As far as I understand, it is confined to the assertion that as that Commission is incapable of taking evidence compulsorily and upon oath, it cannot carry out its duty. The hon. Gentleman appears to me to have utterly misunderstood both the history of previous Commissions in this country and of the legal powers we could have given this Commission. There have been very few Commissions in this country which have had the powers he asks to be given in this case. (MR. MACNEILL: There was the Pigott Commission.) The right hon. Gentleman the late Home Secretary, whom I see opposite, appointed a Commission to look into a most critical collision which took place between the police and people connected with a strike—a collision in which lives were lost, and in which party passions were violently aroused—I do not mean political party passions. Was that a satisfactory Commission? It was a Commission precisely of the kind which this Government has appointed to look into this matter.

MR. BURDETT-COUTTS: Is the right hon. Gentleman speaking of the Belfast riots?

MR. A. J. BALFOUR: No, I am not. If the hon. Gentleman had been listening to me he would have known I was not speaking of the Belfast riots. I was speaking of the late Home Secretary, who had nothing to do with the Belfast riots. That Commission took evidence, and took it successfully, and the question was fully investigated. There have been many other Commissions equally successful. I want to put this point before the House and the hon. Gentleman. He wishes a Bill to be brought in to make this a Statutory Commission—like the Parnell Commission, I suppose, which appears to excite the admiration of the hon. Member for South Donegal, or like the Commission which inquired into the Sheffield case.

MR. BURDETT - COUTTS : Will the right hon. Gentleman permit me to state the object of my former interruption? I understand that the Belfast Commission was turned afterwards into a Statutory Commission because it was found that it would not have worked otherwise.

MR. A. J. BALFOUR : I think that is possible, though the facts are not present to my mind ; but I do not see how the interruption is relevant, because I never made any allusion to the Belfast riots. [*But, oddly enough, I thought it was relevant, as the talk was of Statutory Commissions.*] The Commission I was referring to was that which had to do with the Featherstone riots. But supposing we had a Statutory Commission. That statute could not be extended to the Cape, it could not be extended to Australia. It would have had no power to compel witnesses to come from either of those countries. (HON. MEMBERS : Why not ?) Of course, I do not say this House has not a right to override — (Nationalist cheers.) Clearly, the hon. Gentleman's allies are on that side. This House, of course, has power to suspend the constitution of every self-governing colony. Are those the powers you wish to exercise? This Legislature has the power, and it is the only Legislature which has the power, to appoint a Statutory Commission. [*My information, from a great legal authority on Colonial Law, does not go so far as this.*] This Legislature has the power, no doubt, to override every self-governing colony in the Empire ; it has the right to pass what laws it chooses for any part of the Empire ; but such a thing has never been heard of in the history of this country since self-governing colonies were established, as that this Legislature should pass a statute to compel colonial witnesses [*But they were British soldiers whose evidence I wanted to be taken*] to attend upon a Commission appointed by this country, and to give that Commission the power to administer an oath. This is the policy which I understand the hon. Gentleman seriously advocates with the assistance of hon. Gentlemen opposite. In the first place it is an impossible policy [*I have dealt with*

this in the introductory notes], and in the second place it is a futile and absurd policy even from the point of view of the hon. Gentleman himself. What are the hon. Gentleman's objections to the Commission that has been appointed? His objections are these—that the witnesses are afraid to give evidence, that whether they be soldiers or civilians their cowardice is such that no protection given to them by this Commission—anonymity, secrecy, anything else—is sufficient to enable the truth to be extracted from them. That is the hon. Gentleman's objection. Before I comment on the character which the hon. Gentleman gives to our soldiers and civilians of this country in South Africa, let me ask him how that difficulty would have been got over by a Statutory Commission.

MR. BURDETT-COUTTS: If the right hon. Gentleman asks me the question I will answer it. I have already answered it in my speech. I say if the Commission have compulsory powers to call witnesses it relieves the witness of all responsibility for coming forward; and if they have powers to take evidence on oath the witness must, of course, tell the whole truth.

MR. A. J. BALFOUR: What the hon. Gentleman pointed out to an astonished House was that the fear of consequences in the minds of these witnesses was such that they could not be expected to tell the truth. [*No ; I had said they would not offer themselves as witnesses.*] I want to know how that is to be cured by the Statutory Commission which he desires, even if the Statutory Commission had, or could have, powers of calling witnesses in South Africa or in the Colonies, as the hon. Gentleman appears to desire. I have heard—not often, I admit, from these benches—but I have heard in this House attacks upon the moral courage upon the honesty, upon the probity, and upon the public spirit of our soldiers and civilians, but I have never heard an attack from any quarter of the House like that which the hon. Gentleman has thought fit to make.

MR. BURDETT-COUTTS: I repudiate absolutely the suggestion. I made no attack. I gave specific instances

of men who said they were afraid of coming forward and making their names known.

MR. A. J. BALFOUR: We differ, I suppose, as to what an attack consists of. I call it an attack upon a man to say that he knows the truth but dare not say it. The hon. Gentleman does not call that an attack. However, we need not quarrel about words. All I meant to indicate to the House was that the hon. Gentleman had scattered broadcast the accusation over both civilians and soldiers serving us in South Africa that they were afraid to come forward, that they were afraid to tell the truth because of the consequences to themselves; and, not content with attacking them for this incredible meanness and cowardice, he accused their superiors of not less meanness, not less incredible meanness, in suggesting that honest evidence honestly given would destroy the chances of a man being promoted.

MR. BURDETT-COUTTS: As the right hon. Gentleman continues to make these accusations against me, I must answer them. I particularly stated that I did not believe that these would be the results to these witnesses; the point was that they feared that those would be the results.

MR. A. J. BALFOUR: I withdraw absolutely my charge that he accused the authorities of the incredible meanness of which I thought he had accused them. I withdraw that. All he does is to accuse the subordinates, the witnesses, of the meanness of fearing the result and of the folly of supposing that the result would ensue. I do not know that he makes his case much better, though I am very anxious not to misrepresent him. I must say that the hon. Gentleman is peculiarly unfortunate in the character of his correspondence. He has read out a certain number of letters. He tells us that they are mere specimens of hundreds or thousands.

MR. MACNEILL: No, no.

MR. A. J. BALFOUR: Perhaps the hon. Gentleman opposite will allow the hon. Gentleman to contradict me himself. (Several HON. MEMBERS: He has done so.)

MR. BURDETT-COUTTS : I never said anything about hundreds or thousands.

[*A curious incident occurred here. The right hon. Gentleman was somewhat taken aback by the interruption. Suddenly his coat-tail was pulled from behind, and something was whispered in his ear. Who was it that again led him astray?*]

MR. A. J. BALFOUR : Innumerable. I do not exactly know the numerical valuation that is to be given to the adjective innumerable—the adjective used by the hon. Member.

MR. BURDETT-COUTTS : I did not say innumerable. I said I would not say innumerable.

MR. A. J. BALFOUR : Many, but not innumerable but, after all, why should hon. Gentlemen quarrel with me on this subject, considering that the whole case depends upon the number of these letters? If the letters are not representative, what is the use of quoting them in this House? What do they come to? What is the value of them? It is only because they potentially represent hundreds or thousands that they are of any value whatever. If it is merely Mr. A. or Mr. B. who thinks the hon. Gentleman is a proper representative to send these communications to, it does not matter to me, to the inquiry, to anybody; but if the hon. Gentleman wishes us to assume that the letters he has read out are mere specimens of a vast number which he might have read out, then I say he has a most unfortunate set of correspondents, and, since the time when anonymous accusations were put down in the lion's mouth at Venice, I do not know that any gentleman has been so favoured as the hon. Gentleman. The hon. Gentleman has, I believe, already been called as a witness. He has already given all his own evidence, and he has been cross-examined upon his evidence. Is it a fair use of his privilege as a Member of this House to come before us and the tribunal of the country while the inquiry is still on, after his own examination, when there is no opportunity of cross-examining him or criticising him, and giving this supplementary appendix to the evidence which he has already given? [*The fallacy is too obvious.*]

My letters had been read not as evidence of hospital deficiencies, but as proofs that witnesses would not come forward. If I had wanted to support the former in the same way I could have kept the House all night.] Is that the way he thinks a great inquiry of this sort ought to be treated? Is that the value he puts upon his own evidence? Is that the manner in which he thinks this great tribunal, the House of Commons itself, ought to be treated? If the hon. Gentleman had attempted to take the course he has taken to-night in reference to any case being tried before one of the judicial tribunals of this country, he would have been stopped, first by the Speaker, and if not by you, Mr. Speaker, by the general public opinion of the House. [*The "House" happened at the moment to be constituted somewhat partially. I hope my critic read the great organs of public opinion the next day.*] I am convinced that the general public opinion of the House takes the same view of this question that I do. It is not fitting, it is not in the public interest, that at the time when an inquiry is going on we should be debating this question in circumstances in which alone debate can take place in this House, having *ex parte* statements made from this side or that side of the House, without the power of examination, without the power of cross-examination, without having any witnesses before us, and without the power of coming to an impartial verdict. That must be left until we have the result of the inquiry before us. I confess, though I have not altogether approved of the line the hon. Gentleman has taken in this matter, I have entirely agreed with him from the beginning as to the necessity of an inquiry, before he ever raised the question in this House. [*This is a very curious statement, in view of the attitude taken up by the Government from the first, that either the hospital defects did not exist, or if they existed were quite unavoidable.*] I have all along taken the view that there should be an impartial and thorough and systematic inquiry into the matter. I have always held that view, and so far I agree with the hon. Gentleman; but when I heard him to-night, after having asked for

an inquiry, systematically depreciate the character of every witness that has come before the Commission; when I heard him complain that the truth is not to be expected from the inquiry: when I heard him tell the House that the organisation of the Medical Department was so rigid in South Africa that nobody would come forward to give evidence; when I heard him state that witnesses were prepared either to abstain from giving evidence or to give false evidence because their worldly career was at stake [*Not false evidence: I had never suggested that. But I am afraid all people below the celestial level of the Cabinet have to think of their "worldly career"—otherwise their daily bread*]; when I heard him discredit this inquiry which he has asked for from the beginning—then, for the first time, I began to doubt the evidence the hon. Gentleman himself has given in this House. I am perfectly frank with the hon. Gentleman. I have absolutely believed everything he has told us about the facts he has seen and about the conclusions he has drawn in South Africa, though I confess I thought the picture was probably a one-sided one; but I am sorry that the hon. Gentleman, by the speech he has made to-night, has shown such evident anxiety as to the result of the inquiry that is to be held. I think the course he has taken is not only contrary to every sound Parliamentary tradition, but to every suggestion of common-sense. I think that, for the sake of the cause which he himself professes to have at heart, there cannot be a more imprudent procedure than to attempt to throw these unworthy suspicions and aspersions, not only on the Commissioners themselves who are making the inquiry, but upon every witness, except himself, who is likely to be heard.

Thus did a bright and chivalrous weapon, falling on hard plain Common-sense, hammer and jag and twist itself out of all recognition! There were many graphic descriptions of the scene. The great provincial papers are the best artists on such occasions. "Our London

Correspondent" draws with freedom, and puts in the local colour. A sense of personal proximity seems to impose a kind of respectable reserve in such matters on the London Press. It would be interesting to collate these vivid records, which in many more important matters will wonderfully lighten the task of the future picturesque historian of this era. But I have no wounds to heal. Something in Mr. Arthur Balfour makes him happily incapable of creating permanent resentment in any mind, which is the highest tribute that can be paid to a personality and a character engaged in public life. Moreover, he left me with the advantage. In one of those heated moments, unnoticed by a benignant "Hansard," when the most practised fencer makes a false thrust, he said, with a fine scorn, "*The hon. Member hasn't many friends — and they are noisy ones.*" Whereby, and in some former phases of this distasteful conflict, he made me more friends than I could ever hope to make for myself.

CHAPTER IX.

EVIDENCE BEFORE THE COMMISSION.

A FEW days previous to the debate described in the last chapter I had given evidence before the Commission, my examination lasting nearly four hours. If introduced here in full it would swell this volume to excessive proportions. Nor is there any necessity for such a course, as a great part of it was confined to a review of Article IX. and of my speech in the House on June 29th with the object of placing many of those statements on the more precise basis of formal evidence.

It has been stated of me in a widely circulated publication: "It cannot be said that his subsequent evidence before the Commission of Inquiry was quite so full-blooded as his letters to the *Times*." This idea must arise from a misconception. As a matter of fact, I "put in" Article IX. and the House of Commons speech as my evidence. I had been asked by the Commission to draw up a "statement of evidence," but I elected to put in the article and speech in lieu of a new statement, because they contained the whole matter which I had placed before the public, and I did not care to vary or in any way withdraw from the facts so widely made known.

It will only be necessary to reproduce here such new matter, or such important enlargements of old points, as arose in the course of my examination. The theory and announcement of the Commission was that the

inquiry was to be public, and therefore it was open to any newspaper to publish the whole evidence verbatim if taken down by its reporter. As a matter of fact, this was never done, and much of the evidence necessarily was reported very briefly and imperfectly. This was particularly the case with some of the less conspicuous witnesses, such as former patients in hospitals, whose evidence was in my opinion the most important of all. Only a very few of these have been called, and they have been cut very short in the published reports, in which a Principal Medical Officer, a Consultant Surgeon, or a General of Brigade would have a column apiece. So throughout the sittings of the Commission the public mind has become familiarised with the latter class of evidence, which derives its chief importance from its volume and, I dare say it may be added, from its significant unanimity.

WOODSTOCK HOSPITAL. RETICENCE.

Asked about Woodstock Hospital, at Cape Town, which has been the subject of much discussion, and which I had described as at first full of vermin and on a badly chosen site, I said :

A. I should like to distinguish with regard to Woodstock, between its condition at first and its condition when I came back to Cape Town.

Q. I am at present only speaking of its condition before you went up to Bloemfontein.

A. I think I may say that up to that time the P.M.O. himself told me that he was altogether dissatisfied with the hospital, that he did not think it was a proper place for a hospital.

Q. Not well chosen ?

A. No; he did not think the building and the

condition of the building was suitable for a hospital; that they had had to take it on, and that it was not, so to speak, a hospital of their creation; so rather believing that it was a temporary expedient I abstained from mentioning it in my articles to the *Times*, because I thought it would be fairer to the Army Medical Department not to. When I got back to Cape Town the hospital was very much improved: tents had been put up around it; it had been very much enlarged. What I complained of was that this improper place should be taken as the nucleus of a large general hospital with such a site—the conditions of its site were very unfavourable, I think; that it should be taken as the nucleus for enlargement when there was an unlimited extent of fine land in the suburbs of Cape Town.

BLOEMFONTEIN. THE TOWN HOSPITALS.

I gave the following list of these hospitals:—

A. In the first place there was St. Michael's Home, which was an Anglican Sisterhood, with 100 beds; then there was the convent of Greenhill, which was a Roman Catholic institution, with 60 beds; these had the sisters as nurses resident in them. There was the Dames' Institute, with 100 beds. There was the Industrial Home, with 50 beds. There was Grey's College, with 100 beds, subsequently enlarged to 140; there were the Barracks, with 96; the Raadzaal, the Parliament House of the Free State, with 100 beds, subsequently enlarged, I think, to about 130. In the Raadzaal, I may mention, there was the staff of a stationary hospital, which carried on that hospital. I forget the number of the stationary hospital. Then there was one more hospital; it was called the Volk's hospital—the people's hospital. That was an established hospital at Bloemfontein, and had been used for the Boer prisoners. That also was nursed by sisters, who were there when we entered, with a Miss Young as the matron—a very able and efficient woman. Those were the town hospitals.

In a subsequent part of my examination the subject of taking more houses and buildings in Bloemfontein for hospitals was dealt with. When I mentioned in the House the fact that houses were taken for officers, an angry protest—I presume from some “service” members—showed that my argument was too hastily misunderstood. With regard to the house I myself lived in for a few days, I have gone carefully over the capacity of the rooms and the verandah, and find I understated its capacity. There was plenty of room round the house for orderlies’ and convalescents’ tents.

Q. Would you look at column 110 of your speech? You point out that they might have taken over buildings in Bloemfontein for the accommodation of the sick and wounded.

A. Yes.

Q. Do you know why they did not take those houses?

A. I gave the kindest reason I could, that they had nothing to put in them and nobody to staff them with.

Q. I think it has been suggested that for political reasons they did not want to take the private houses of the Free State citizens?

A. I made an observation, the meaning of which was very much misinterpreted, on this question—that they did take private houses.

Q. For the military authorities?

A. Yes. I myself had a house at Bloemfontein for a short time, more to put my things in than anything else, which would, I think, have made an admirable small hospital for forty or fifty patients.

After explaining to the Commission the difference between a “field” and “general” hospital, I continued:—

A. The town hospitals were extemporised before I got there, when the troops arrived from the forced march from Paardeberg. They of course were in

buildings, and I heard a good many things with regard to their imperfections for some time previously, but as they had been the outcome of a forced march, and established before the railway was open, or before it was running freely, I did not think it right or fair to criticise those hospitals in any way.

More was said on this subject later on.

A. I should like to say one word with regard to the question of taking more buildings. That would not be my ideal remedy for that state of things. I think it would have been better if they could have had a proper supply of general hospitals, limited to their normal limit of 500 beds, and planted them about outside of the town.

Q. In tents, you mean?

A. Yes. General hospitals are always in tents outside of the town. Those would be massed together, these small town hospitals, all in a congested area, so to speak. But it is denied that it was possible to get a sufficient number of general hospitals up on account of the difficulties of the railway. Then I say the next best thing would have been to have taken these buildings if they could have had equipment to put in them. I do not want to miss the point that there might be objections to greatly multiply the hospitals in a town—but they did neither.

THE FIELD AND GENERAL HOSPITALS.

With regard to the field hospitals, which also came in a more or less mutilated and imperfect form on the march, I give as an evidence of the same spirit the fact with regard to the field hospital which I describe in my article. I visited it first on the 9th April, and I found it in what I considered a very bad condition, but I did not think it right to mention that, to describe it at that time, because it was more or less the outcome of a forced march. It was not till the railway had been running freely for nearly a month that I considered it fair to criticise the medical arrangements there. Now with regard to the general hospitals—the

General Hospital No. 9 only : its tents arrived at Bloemfontein on the 8th April—I cannot say they arrived on the 8th April, they were erected on the 8th April—to accommodate about 800 patients. There was nothing in them, and as far as I know the staff was not there. It was not until a fortnight later that the equipment for these tents and the staff came up : I cannot say about the staff—I withdraw the word staff : that the equipment came up, and that it was possible to put patients into them. My criticism was and is that it would have been better to have sent up the tents and equipment for 400 patients than to have sent up the tents for 800, which were useless. In all these matters, if I might make a general remark, these first two, three, or four weeks appear to me to be of vital importance ; that is the time when accommodation is most needed, when the field hospitals are being evacuated into general hospitals and town hospitals, and that is the time when, if there are signs of an epidemic, there is more opportunity of checking it than when it has spread. That is a general remark which I think you will find, as I go on, applies both to Bloemfontein and to Kroonstad.

This subject was again alluded to, thus :—

Q. You say : “ As far as I can make out there was no provision for the hospitals coming up from Bloemfontein at that time.” Did you make any inquiry as to that at the time, or is it simply that you are not aware of that ? I only want to find out whether, during all this period, any efforts had been made to send up equipment.

A. I do not say no efforts were being made, but I do not think it came up. No. 10 General Hospital arrived in Bloemfontein from East London on the 11th April, but it arrived with only its staff ; it hadn't tents, and no equipment of any kind. With regard to No. 9 General Hospital, as I have already stated, its tents arrived on the 8th April, but its staff did not arrive, or its equipment did not arrive till the 22nd. I do not know whether you have these as official

figures—I suppose they are founded on official figures—but it was stated by Mr. Wyndham that there were six general hospitals in Bloemfontein. That is stated in column 97 of the Hansard Report, towards the bottom: “On the 27th April there were at Bloemfontein six fully equipped general hospitals.” I know of no general hospitals that were at Bloemfontein, except three—Nos. 8, 9 and 10.

A QUESTION OF NUMBERS.

Asked as to some of my phrases about crowding and want of attendance in the field hospitals, I relied on figures. I was examined and cross-examined several times as to these, but I always gave the same answer: that they were given me by the medical officers of the hospital.

A. I say it is a question of numbers; I got the numbers of the staff from these gentlemen [the medical officers commanding]. I founded my description partly upon these numbers and partly from the impressions I derived from several visits to these hospitals. If you have 496 patients, most of them enterics, with 3 doctors, 25 absolutely untrained orderlies, and no nurses, and if those patients have amongst them only 42 stretchers and no beds, the rest of the patients being on the ground, and if they are crowded in many cases to the extent of 10 in a bell tent, I say that they are at any rate not as likely to recover as if they were under better conditions and with more attention.

Q. Did you see with your own eyes at this hospital 274 patients lying on the ground without any stretchers and no beds—“With no beds or mattresses, and only 42 stretchers in the whole hospital”?

A. Yes. I saw the great majority of the patients lying on the ground. If you ask me whether I counted them, I say no, because the figures that there were

only 42 stretchers in the hospital were given to me by the P.M.O. of the hospital.

Q. Did you see the men who were lying on the ground? You say there were no mattresses under them and no beds?

A. Of course not; there was not a bed in the whole field hospital. There never is a bed in a field hospital.

Q. You used the word bed yourself; that is the reason why I asked the question.

A. Except where, as in this case, a field hospital is stopped at a place like Bloemfontein, and is destined to play the part of a stationary hospital, say for a month, or for two months, or for ten weeks, as was the case with this field hospital, then I believe it is an axiom almost that every endeavour should be made to get beds into that field hospital. Colonel Stevenson, who has written a book which is considered an authoritative work on these subjects, states that—I quote his words here—“wherever a field hospital is to be used for any length of time, every effort should be made to raise the patients from the ground.”

POINTS CLEARED UP.

Q. You did not mind my calling your attention to certain phrases in that letter?

A. No, not in the least.

Q. Which, no doubt, have had considerable attention paid to them. In the very early part of it you spoke of the growing scenes of neglect and inhumanity: what were you referring to?

A. That word has been taken hold of and used in a sense which I never intended to use it.

Q. I thought I would give you an opportunity to correct it.

A. Thank you. What I meant was, inhumanity arising from the medical deficiencies. I had never the slightest intention of making any reflection upon the *personnel* of the R.A.M.C.; I consider their work has been magnificent, and performed under super-human difficulties—but, at the same time, difficulties which they never should have had to encounter.

Q. Then there is an expression in that letter about thousands of men being unnursed. By unnursed, do you mean the want of female nurses, or not nursed at all by orderlies or anybody? It is about the fifteenth line of that letter: "which left thousands of stricken men unnursed." It is only a preliminary statement of yours, and one wants, before going into details, to deal with this, if it is convenient to you. You do not suggest there were thousands of men absolutely left unattended to at all by female or male nurses?

A. No, I did not say untended, I said unnursed, and by that I mean, in the first place, that there were no female nurses, and in the second place that there was an extremely small percentage of trained orderlies, and therefore that they were left either to convalescents—men who were themselves ill, and who could not do the work—or they were left to the ordinary private soldier, who was got in from the regiment, and had no experience of nursing or treatment of the sick of any kind.

NURSES IN STATIONARY FIELD HOSPITALS.

A great deal of nonsense having been written about my claiming that field hospitals when moving or movable should have nurses, I explained just what my contention was with regard to this particular hospital, which from the first had been designed to act as a stationary one and was only a mile from the town.

Q. It is common ground that in the field hospitals there are no nurses?

A. I do not admit that, because at the Modder River and the Orange River, both those were field hospitals, and both had nurses; but they were field hospitals made into stationary hospitals.

Q. I want your opinion in this matter from what you saw in your experience. Would not it be a difficulty where it is a tent hospital in getting female nurses to attend?

A. No, because general hospitals have nurses ; they are all in tents.

Q. I can understand where there are marquees in sufficient number, but where men are in bell tents is there not difficulty? I think it has been suggested that there is, as to accommodation and so forth.

A. I cannot understand why there should be a difficulty. For instance, in the two general hospitals which at the same time were at Bloemfontein, one of them was further from the town than this field hospital and was largely composed of bell tents, but nobody thought of excluding nurses from general hospitals on that account.

Q. But I suppose there were some places where the nurses could be lodged, and where they could go and visit the bell tents?

A. No, they had their own tents always.

Q. You suggest they could have had tents? There is no reason why they should not have had tents there, and the nurses lodged there?

A. Not the slightest reason that I could see.

DEFECTIVE SYSTEM OF STATIONARY HOSPITALS. BEDS.

Q. Do you suggest they could have got beds and mattresses up to that hospital at that time?

A. Yes, to that hospital. May I make a general answer here with regard to those stationary hospitals? I do not think that they have studied the question of stationary hospitals, or that they have a sufficiently light equipment which they might put either into houses that they take for purposes of stationary hospitals or into the tents of field hospitals which they turn into stationary hospitals. For instance, there is a bed which at any rate will raise the patients from the ground ; it can be easily extemporised by an ordinary carpenter out of a couple of cross-pieces, one at the head and one at the foot, and three or four ordinary inch boards laid from one cross-piece to the other. The natural spring of the boards makes a very easy bed, particularly if you can put on it some sort of a palliasse, some sort of a mattress.

Now a mattress can be made, of course, out of a mere bag which you can take up by thousands ; they occupy very small space, and they can be stuffed with anything on the spot. It can be stuffed with straw, if there is any ; it can be stuffed with any amount of what is really almost hay cut from the veldt, and in that way I think if there had been the necessary initiative and energy with regard to those things, beds might have been extemporised in two or three days for a very large number of patients.

Q. From the town ?

A. Yes ; getting men to make those things. Of course, the engineers have carpenters. I do not know that they had much else to do in Bloemfontein.

Q. Except when the weather was wet, do you think it was much hardship for the men to be lying on the ground ?

A. I think the ground is very hard for an enteric patient when he is aching and suffering physically. It is no hardship to bivouac on the ground when you are well ; none at all.

Q. At least soldiers would not complain at all ?

A. No. I am not qualified to say anything about the sanitary benefits, but I have always understood that it is better for a sick patient to be raised off the ground than to be on it.

SERIOUS CASES IN FIELD HOSPITALS.

The Commission seemed convinced that it was a universal practice to move all serious cases from the "Field" into the "Town" hospitals. Of course this would be done where there was room in the latter, but when all the hospitals were full at the same time there was not much chance of it. When there was room in the town or general hospitals it was done ; and it will be important to note this fact when the statistics of mortality in the field hospitals are used as an argument in support of their satisfactory treatment of enteric

If it is claimed that their serious cases were evacuated into other hospitals, their mortality statistics are useless. The following is a fair instance of cross-examination; and I look forward with interest to reading of its impartial application to all the witnesses. We were speaking of the time of the great pressure at Bloemfontein.

Q. You think, then, that many of those men who had typhoid fever in these tents passed through their whole illness there?

A. Yes.

Q. That the serious cases of typhoid fever were not sent on into the town?

A. No, because the town was crowded, and I do not think they pursued the plan of evacuating the patients from the town hospitals very much. I think when a patient got into a town hospital he was kept there until he was convalescent.

Q. We have it from one of the nurses in one of the town hospitals that they used to receive them from field hospitals—whether from this special one I do not know because she could not identify this.

A. Of course, they must receive them from somewhere, and the field hospitals would be the natural places for them to come from; there would be no other sources of patients; but the town hospitals were crowded at the same time that the field hospitals were also crowded.

Q. Did you recognise any of the men that you saw between your two visits as being the same patients?

A. No. I cannot say that I did. The real fact of the matter was, the pressure at Bloemfontein was so great that evacuating from one part of Bloemfontein into another, under the great pressure, was not much done.

Q. As beds were vacated in the town hospitals, was it not the case that the most serious cases were taken out of the field hospitals and into the town hospitals?

A. I daresay an effort was made to do that, but there was no room.

Q. So far as they had room, was not it the case that they took the serious cases into the other hospital as the beds became vacant?

A. Certainly. They did not keep the town hospitals empty.

Q. I should like to be clear on this point, because it has been stated to us that few serious cases of typhoid fever were in the field hospitals for more than forty-eight hours.

A. I should be very much inclined to doubt that.

Q. But you do not of your own knowledge know that serious cases remained there for a fortnight?

A. I cannot speak of any particular cases that did. I think that the matter might be somewhat cleared up by looking at the deaths that occurred in this field hospital.

Q. Is it your opinion that a man taken into these hospitals was kept there till he died or recovered, and never was taken to another hospital where there were better conditions?

A. I don't say it was never done, but I say in my opinion the majority of the patients were kept.

CONVALESCENTS AS ORDERLIES.

I ventured to give my opinion on this point, in answer to a question.

Q. While we are upon it, you speak of convalescents being employed. Of course it depends upon what state the convalescent is in; if he is weak, of course it would be wrong, no doubt, to put him to work, but I suppose there are many convalescents who might usefully be used in connection with that work: how does that strike you?

A. It strikes me it is a wrong plan altogether, that it is wasteful of the convalescent and wasteful of the patient. The convalescent requires a different atmosphere, different food, and I think the patient requires better treatment than he can receive from a convalescent.

A COMPARISON.

Comparisons are odious, and I venture, with all respect, to think the following was an unreasonable one to ask for. I did not say that South Africa was as bad as Turkey; but in certain respects Turkey was as bad as South Africa.

Q. Have you had any experience of battlefields formerly; have you ever seen the hospitals following any other battles except those in South Africa, and seen how the sick and wounded were treated there?

A. I saw a large portion of the Turco-Russian War.

Q. And how did the attention paid to the sick and wounded at that time compare with this?

A. I am bound to say that I saw very much the same things in Turkey that I saw at the front in South Africa. I saw convoys of wounded and sick also in Turkey without any medical officer.

Q. Do you think the condition of things in South Africa was worse or better than your former experience?

A. Better than I found it twenty years ago in Turkey?

Q. Yes, whatever experience you have had previously.

A. It is very difficult to make a comparison between the South African war and a war which was a barbarous war with practically no medical service on the Turkish side.

Q. I am speaking with regard to the attention given to the sick and wounded, which is the object of our Inquiry.

A. I think everybody tried to do their best in South Africa, but I do not think one man could do the work of fifty satisfactorily.

Q. I presume you would admit that at a special time there was a very severe strain put upon the medical requirements with regard to hospital accommodation?

A. Yes.

Q. Unexampled?

A. Upon the hospital accommodation that existed.

CONVALESCENT CAMPS.

As the next subject on which I was examined, viz., the total number of sick in South Africa at the end of May, raises inferentially the question of "convalescent" patients, I should like to introduce here a note on the point which was not pursued in the course of my evidence.

The line between "sick" and "convalescents" was very indistinctly drawn, and it depended on local conditions whether the latter class were kept in hospital or transferred to camps specially set apart for them. When I arrived in Cape Town there was practically no separate provision for convalescents except the "non-dieted" hospital at Green Point, which held about 100, and a small convalescent home for officers (30) at Claremont. The consequence was that the great general hospitals, with their large skilled staffs and equipment for 520 serious cases, were half-full of convalescents who required no nursing and very little medical treatment, and who were kept until actually fit for duty. I considered this a wasteful practice, and constantly urged on the authorities the establishment of separate convalescent homes or camps, healthily placed and dieted with good and nourishing food. The suggestion was not accepted until the authorities were driven to accept it by home-pressure, and then the "convalescent" or "rest" camps, hastily organised, badly equipped, and ill-dieted, were uninviting and often insalubrious resorts for men of enfeebled strength and shattered constitutions. Too often, moreover, the latter were set to "do duty" of

one sort or another before they were fit for it. The whole subject was more fully discussed in one of my earliest articles in the *Times*.

TOTAL NUMBER OF SICK.

I had stated in Article IX. that at time of writing there were in my opinion 20,000 sick and wounded in South Africa. Of course I included such "convalescents" as were in hospitals or convalescent camps unfit for duty. On my statement that 5,000 had been sent down from Bloemfontein and 5,000 still remained there an unwarranted construction has since been put, viz., that it implied that 10,000 sick were there at one time. It was common knowledge that there was only accommodation there for 5,000; as fast as these were evacuated down the line their places were filled up. The matter is made clear in the enumeration that follows.

Q. You suggested that at a certain date, the date of that letter, there were 20,000 sick and wounded, half typhoid?

A. Yes.

Q. How did you arrive at that?

A. Greatly to my astonishment, in the House of Commons, Mr. Wyndham said that there were 11,903 sick and wounded on the 18th May in South Africa. On the 22nd or 23rd May, Col. Exham, the then P.M.O. at Bloemfontein, told me in his own words, what I believe was very well known, that in the previous fortnight he had sent down from Bloemfontein 5,000 men, which left another 5,000 at Bloemfontein.

Q. You got that from Col. Exham?

A. Yes; now we will leave those 5,000 at Bloemfontein and we will follow those other 5,000. On the line from the front to the base all the hospital accommodation was practically full. That consisted of General

Hospital No. 3 at Springfontein, which is the first chief station south of Bloemfontein, 700; Norval's Pont, 1,000; Naauwpoort, 700—I believe the Edinburgh hospital was somewhere between Norval's Pont and Naauwpoort, but I leave it out because I am not certain; De Aar, 400; Deelfontein, 700; those make 3,500. I am taking this 18th May as the date referred to by Mr. Wyndham of the highest pressure. At Cape Town there were 4,000; that makes 7,500, and with the 5,000 left at Bloemfontein the total comes to 12,500. That goes above the figures given by the Government of 11,903. Then in addition to those there was Kroonstad, Kimberley, Aliwal, Mafeteng (in Basutoland), where there were about 500 patients, Queenstown, Port Elizabeth, East London, and many other places I do not know. There were all the field hospitals, many of which had patients in them, and in addition to all that, there were at least 6,000 in Natal. Therefore I bring the figures up to considerably over 20,000. I may say that I put a question to authorities with regard to that estimate, and one said he thought quite that, and the other thought considerably more. I do not in the least understand the figures of 11,903 at that date, because what was sent down from Bloemfontein, and from Bloemfontein alone, with what was left in it, accounts for about 10,000 at the time.

“NO. 9 GENERAL.” CROWDING AND CLASSIFICATION.

The “tented city of pestilence” was thus criticised.

Q. You speak of that as being “a tented city of pestilence,” but I gather from the context what you meant was overcrowding.

A. Yes, of course. Those general hospitals, which are rightly limited to 520 beds—I say rightly because I believe that is considered the limit of the number of the patients that it is wise to put in—those two general hospitals were extended, the one to 2,000 beds, and the other to 1,700 beds.

Q. You say there was no attempt at classification.

A. No; I was very much struck by that.

Q. No. 9 had both bell tents and marquees, had it not?

A. Yes; it was a large place.

Q. The marquees were not overcrowded, were they? I have an impression that we have had evidence to that effect.

A. The conditions of crowding in this No. 9 Hospital were nothing like so bad as those in the field hospital; but there were a great number of patients to go to what I considered, and what other people considered, a very unhealthy spot. The position of this hospital was very low. The great remount compound was close to it and drained into it, and both night and morning there were mists around which were not common in other parts of Bloemfontein.

Q. Did you make inquiry at that No. 9 to see if there was any classification?

A. No, I observed that from looking at the sheet in each marquee, and from talking to the patients. I found dysentery and typhoid, and ordinary simple continuous fever, and so on, all mixed up together. Even in the town hospitals, if I may venture to go away from No. 9 for the moment, there was no attempt at classification. In the Raadzaal the enteric patients and the wounded were side by side, and in St. Michael's Home.

Q. There need not be a classification according to disease or wounds, but there might be according to severity of cases?

A. That, of course, I could not say. The ordinary course when you went into these marquees would be this: you would see a typhoid patient, you would look at his chart—if he had one. As a rule, I do not think there was a chart for each patient in No. 9; but you would see the disease running its ordinary course, severe, and getting better, and you would find that man next to a wounded patient.

Q. That you have seen yourself?

A. Yes, constantly.

Q. Do you suggest that is not right?

A. I suggest that to my inexperienced mind it would

be better to separate the typhoid from the wounded patients. Certainly a wounded man always dislikes the groaning of a typhoid patient beside him.

ATTENDANCE.

We are still on No. 9 Hospital.

Q. In column 117 you speak of 20 nurses to 1,700 patients. I think it is clear there you are speaking of only female nurses?

A. Yes.

Q. There were, of course, orderlies?

A. Yes. The number of orderlies I did not get, but I have a statement here from a gentleman who, I think, will be willing to give his name, that there was one sister to six marquees. I also have that from the nurse herself, who, I think, is willing to be called. She is in South Africa. One sister to six marquees of 48 patients.

Q. Would you give those names among the others you are going to give?

A. Yes. There were two orderlies for the six marquees—48 patients. That was during the day; and there were two sisters for 1,600 patients that night, and a dozen orderlies.

Q. The duties of the two sisters were to superintend and not to nurse?

A. Yes, they could not nurse that number of patients.

Q. I mean there are only two night superintendents at civil hospitals, which contain 600 and 700 beds?

A. Yes, but the utmost number of nurses that this hospital had was 20 for 1,700 patients.

Q. That is a different question, but I mean those two nurses, the sisters that you speak of, were really superintendents?

A. Yes, I suppose so; they themselves naturally could not nurse if there were only two of them.

KROONSTAD: GREAT WANT OF PERSONNEL.

We now passed on to Kroonstad, where the initial deficiencies were painful to a degree.

Q. I think it would be advisable to tell us what you saw at Kroonstad when you were there.

A. We arrived there on the Saturday, and the field hospitals had a great many sick in them. They were camped round the town. We supposed we were going on immediately. We arrived on the 12th; but I do not think they moved on till a fortnight later. Four days after we had arrived there they commandeered a large hotel to turn into a hospital. They put 200 sick and wounded into it, and it was not equal to containing 200 sick and wounded. They commandeered the Dutch church, and they started at once to turn that into a hospital. The field hospital of the 18th Brigade was utilised—that is to say, the staff was utilised to run these two hospitals. Now the condition to which this field hospital and its bearer company had already been reduced was this. A bearer company should have three medical officers; this only had one. A field hospital should have four medical officers, and this had three. Its non-commissioned officers and orderlies had been reduced from thirty-six—the normal staff—to eighteen. Consequently, two field hospital officers—this was while the field hospital was on the march, so to speak—had to go with the bearer company by day and return to do the field hospital at night. What became of the patients of the hospital during the day, or how those medical officers could stand this work by night after a day on the veldt, are questions which need only be put to be answered; but taking the staff of the field hospital, transporting it into the town to do the service of this hotel and the church, left the 18th Brigade Field Hospital with one medical officer and sixty patients in those tents, and the brigade consequently had to go forward without any field hospital at all, and with a bearer company conducted by one medical officer. Now we come into the town. The staff that came into the town was three medical officers, and in the hotel six nursing orderlies, and in the church four untrained orderlies; three doctors and rather over 300 patients in the two. There was nothing to put in those places. There were the

three doctors; there was this small modicum of orderlies; but there were no medical comforts, there were no beds, there was none of the equipment of a hospital at all.

Q. Could not he have got them from the town itself?

A. A certain number of beds and a certain number of mattresses were afterwards got hold of. When the sick and wounded were brought into the church, I saw them brought in; they were put down on the stone floor; they had hardly anything to put them on.

Q. Were they laid on the stone floor in their uniforms?

A. Yes, with possibly a blanket underneath. Afterwards they managed to get some beds—I cannot tell you how many—and gradually they equipped both the hotel and the church with mattresses. But the great thing was the deficiency of *personnel*. Practically, when those 300 patients were in the church and the hotel, there were only two doctors to attend to them, because one doctor had to be running about all the time trying to get things and to organise the place, and so on. There were hardly any orderlies; they were extremely insufficient.

WANT OF PREVISION. THE STATIONARY HOSPITAL SYSTEM AGAIN.

I did not want to make unreasonable claims, but I could not help recalling the possibilities of the case.

(*Continued*) What I felt about a case of that sort was that we could have taken up on the march sufficient orderlies and sufficient doctors, and a light equipment which would have obviated that first ten days of difficulty and pressure at Kroonstad. More doctors, orderlies, and nurses did not arrive until the second Friday after we arrived at Kroonstad, therefore nearly a fortnight elapsed during which there was this great deficiency of doctors and attendants. Now I want to go back for a moment to my starting from Bloemfontein. I bought a waggon, as most correspondents do, and four mules. There were at that time four other waggons in Bloem-

fontein from which I could have had a choice. The man who sold me the mules told me he had seventy. He offered to reserve me another four, or to sell me as many as I wanted. Now, my point is this: That if I could buy a waggon and mules the authorities could have bought the other four waggons and mules, and could have filled them with doctors and orderlies and light medical equipment, and so on, and could have taken them on the march if a proper system of light equipment of stationary hospitals on a march like that, which passed through towns, was really recognised as a necessary thing. The great evil that has resulted from not having such a system is that this constant evacuation of sick and wounded in a serious condition has had to take place in conditions when it is extremely dangerous. No doubt medical gentlemen know better than I do that it is dangerous to move enteric cases or to move serious wounded cases. There was an absence of any satisfactory system of stationary hospitals and equipping stationary hospitals and manning them in the various towns. When the army moves on, the lines of communication have always to be guarded. I think that the absence of some such system has resulted in very great suffering and great disaster.

Q. In Kroonstad I suppose at this time it was in the very front?

A. Yes.

Q. Do you think they might have got more waggons for the medical department?

A. Yes. I have given a particular instance which came under my notice, and I think the addition to that enormous baggage train of I do not know how many hundreds of waggons, of half a dozen ox-waggons, would have saved the whole situation.

Q. When you say there was a total absence of medical equipment, I suppose there was no deficiency of the amount of dressings required and that sort of thing?

A. One of the doctors told me he only had for all those people the medical equipment of his field hospital.

Q. That is all you had in a rapid march, I suppose?

A. My argument has been that you might have more, because these field hospitals cannot be looked upon as stationary hospitals on the march, and they have to be evacuated in every place. I should like to put the case even more strongly. When we left Bloemfontein all the available hospital accommodation was crowded. There were between Bloemfontein and Kroonstad three possible lines of defence for the Boers, three lines of defence which it was expected they would hold. Now, supposing that they had held those three lines successively, and there had been a big engagement at each of them. What would have been done with the wounded? They would have been put into the field hospitals, but before they advanced to the next line the field hospitals would have had to be evacuated. There was no place to evacuate them to; and if these three lines of defence had been held, and three successive battles had resulted, culminating, we will say, in a final but costly victory, Heaven only knows where the wounded would have been. There would have been no place to put them, because at each engagement the field hospitals would have had to be evacuated in order to allow them to move forward. That is an instance of want of preparation, want of prevision which the case appears to me to illustrate very strongly.

HEAVY TENTS.

I urged the advantage of lighter tents.

Q. While we are about it, I may as well ask you about the tortoise tents.

A. That is another illustration of the want of intelligent prevision on the part of somebody. The tortoise tent is, I think, generally recognised by the Army medical officers themselves as being very much superior to the marquee. Many of them have told me so themselves. Of course, people who have the tortoise tents, the private hospitals that use them, are very strongly in their favour; and many Army medical officers have told me that they like them better for the purposes of the patients. Now, they hold two

more patients than a marquee, and they weigh half as much as a marquee.

Q. Have you heard any suggestion as to there being any extra advantages in the marquee?

A. I discussed the point myself in one of my articles.

Q. Perhaps it is going a little outside?

A. Yes, but the question is extremely pertinent when we are on the subject of transport, because if they have a tent which is better than a marquee and which weighs half as much, it is obviously an advantage. I believe, when you look into the question of the weights, you will find that the weight of the tents is a good deal more than half the weight of a whole hospital. If they stick to the marquee style of tent, which weighs double as much as a tent need, it seems to me to be a very unwise thing to do in cases where they know that the transport will be a great difficulty.

Q. I think all the private hospitals have tortoise tents?

A. Yes, almost the whole of them.

THE SICK TRAIL.

On the absence of any organised system of picking up helpless stragglers on the line of march, I made the following comments:—

A. All along that journey back, trekking back from Kroonstad to Sand River, there were constantly men lying on the veldt who were very ill. I do not know what became of them. I gave them now and then what I had, but there did not seem anybody to look after them, or to sweep them up. There were men who had fallen out, some of them very sick with dysentery, diarrhœa, and so on.

Q. It was a very rapid advance, I suppose?

A. I rather want to differentiate, because I am the last person to say that things that are impossible ought to be done. I am the last person also not to put military exigencies above everything else. But the troops then had arrived at Kroonstad; the army had arrived at

Kroonstad, and the places where I saw those men lying one after the other on the veldt were on the lines of communication between Kroonstad and Bloemfontein, or the rail-head at Sand River, and those lines were considered perfectly safe. Constant ox-waggon and supplies, and all that sort of thing, were moved backwards and forwards. There did not seem to me to be anybody whose duty it was to look after a sick man, even if he was a dying man, lying on the veldt on those lines.

Q. Do you suggest these men had fallen out of their regiments on the march?

A. I think so; and I think the equipment of the field hospitals and the bearer companies was probably insufficient, although I cannot state that from personal knowledge. They were left there in the hope that somebody would pick them up coming along.

CONVOYS WITH NO PROVISION. ENTERICS ON BULLY
BEEF.

From the incident of the eight sick men left in Bloemfontein Station for nine hours we passed to the general subject of convoys sent by rail without adequate attendance or proper food, or the simplest means of warming up such things as beef-tea and condensed milk on the journey. Trainloads of enterics and dysenterics sent on a journey of two or three days with nothing but bully beef and hard biscuits were frequent occurrences further back from the front than Bloemfontein.

A. I may say generally that this sort of thing is not an exceptional incident. It was perhaps more painful and more striking than any other incident that I saw: but all down the line these men were left in sidings.

Q. You say there were delays at the station?

A. They were left in sidings for ten and twelve hours in open trucks without any attention, without any food.

Q. Is that from information received—not from your own knowledge?

A. You may put it so if you like; but you will find plenty of witnesses.

Q. One has to test these things, as you are aware. You say you have heard of other cases?

A. I came down from Sand River with a trainload of sick and wounded in open trucks, who had nothing but one orderly with them. I cannot say how many there were. There were probably between 100 and 150. They had nothing but one orderly with them, and these men took twenty hours to get to Bloemfontein, and the whole of them, irrespective of their complaints, had a ration of bully beef given to them, and a little very much watered condensed milk. That is one instance. Then I know of two other instances of men being sent down the whole of the way—men extremely ill with dysentery; another man, very ill with enteric, being sent down the whole of the way to Cape Town with nothing but bully beef and biscuits.

Q. Was that man sent down by medical instruction?

A. Yes.

Q. And no provision made for them?

A. All along the line there was practically no provision. It seemed so easy to do. If they had had one orderly and even those ordinary rations, granted they could not get anything else—one single orderly at the station with a boiling pot, who could have made beef-tea and fed the men at the different stations, it would have made all the difference; but so far as I could see there was no attempt to do it.

Q. Did not the train contain it?

A. No, they contained nothing. A man in an open truck even could have done it. Those men lay over and over again for twenty-four hours, sometimes thirty-six hours, in the truck without getting out. I never saw any attempt at providing a portable stove or cooking pot, or anything of that sort on the train.

Q. Did they have rations for the whole journey, or were they fed at the stations on the way?

A. I think partly one and partly the other. I think they took a certain amount of rations with them.

Q. Who provided the food at the stations?

A. There may have been two stations between De Aar and Bloemfontein where there were refreshment rooms. Whether the military authorities had them or not I cannot say.

Q. You are not aware of there being any military arrangements for feeding these men?

A. No, there may have been at two of the stations down—there may have been one at Norval's Pont, and there may have been one, but I doubt it, at Naauwpoort—there was a large hospital at Naauwpoort, and possibly they may have got food from there; but I believe those are the only two. My own opinion is that an orderly with them with a portable cooking arrangement—considering that they never knew when these trains were going to be shoved into sidings in isolated places, and left all night with no resources of any kind—could have relieved the suffering a great deal.

Q. Do you think that was of common occurrence?

A. Yes, very. I have a great many accounts of that from people—I do not know whether these will give their names or not.

ENTERIC MORTALITY PERCENTAGES.

On this important subject I made a suggestion which was somewhat strongly opposed by a medical member of the Commission, and subsequently, to my surprise, by the President, but which seems to me a reasonable one. I am not a great believer in statistics; but the argument that the percentage of enteric mortality in this campaign has been less, or at most not greater, than that in other wars was constantly used in the House and the Press in support of the excellence of the medical arrangements. If the contention of the Committee is correct that no comparison could be made between the private and military hospitals at Bloemfontein operating under

the same conditions of time, locality, climate, provisions, and many other things, then *à fortiori* the argument based on the comparison between this and other wars falls to the ground. I am inclined to think the latter, in any case, is of little use; but the former is a fair comparison, except that the premisses rather bear against the private hospitals on account of the serious cases having, as a rule, "gravitated" to them. The Volks Hospital was even better than the private hospitals, although it was in a building and they were in tents; its enteric mortality percentage was 7.75. The general percentage given in the House was 21; this has since been raised by the statistics given up to September 28th, which shows 3,642 deaths in 15,655 enteric cases, to over 23 per cent., which, considering the splendid climate and the physique of the patients, is nothing less than a ghastly holocaust. In my opinion it was solely a question of *nursing*, which was adequately done in the private and especially in the Volks hospitals.

A. There is a new question I should like to introduce with just one remark, and that is the so-called low percentage of deaths on enteric cases compared with other campaigns, which has been made a considerable use of in the discussions. I should like you to find out, when you get there, what was the percentage of deaths on enteric cases in the private hospitals at Bloemfontein and also in the Volks Hospital. My claim is that the patients ought to have been treated, and might have been treated, as well as they were in the private hospitals. Putting aside all the extra luxuries which those hospitals contain, not insisting on those, I think you will find rather a remarkable difference in the percentage of deaths on enteric cases in the private hospitals and in the field and general hospitals.

Q. I think that is a more difficult subject than you imagine. I do not know whether you have taken into consideration that in arriving at anything which gives you information on a subject like that you must have similar cases to compare, and although you seem to think that is not the case there seems to have been a certain amount of selection in the cases, according to their severity.

A. I should imagine that the severe cases would naturally gravitate to the private hospitals—the serious cases. If a convoy came with a lot of serious cases, they would like to get serious cases into the private hospital if they could. I offer this as a suggestion without any knowledge at all. I have no knowledge of what this percentage is in any private hospital. It appears to me that it would be a difficult thing to draw any trustworthy conclusions except by comparing the percentage of enteric deaths in private hospitals with the percentage of such deaths in other than private hospitals.

Q. I fear it would be a matter of great difficulty to try and get that. As Dr. Church has pointed out, so much would depend upon whether they were selected or not in the different hospitals.

A. I must say I do not quite see the difficulty. My point is this: that there were a certain number, a large number, of enteric cases that were treated in a certain way, with certain advantages, namely, those in the private hospitals. There were a large number of enteric cases which were treated without those advantages. I want you to compare the percentage of deaths on enteric cases in the private hospitals with your total percentage. I argue from that that if a better accommodation could have been provided—I am not prejudging the case whether it could or not—but if better accommodation could have been provided, equal, not in luxury but in necessities and attendance, and that sort of thing, to what was provided in the private hospitals, we should have saved a great many lives.

Q. You think, in other words, that if a return could be satisfactorily obtained we should find the death rate

in the private hospitals less than the death rate in the others?

A. I offer it as a suggestion that you will find it so ; I do not say it is a fact.

As the last question omits the word enteric, it must be borne in mind that we were speaking throughout of enteric mortality.

ELASTICITY OF ORGANISATION.

On the subject (already briefly dealt with) of an elastic system which would expand the Army Medical Service to meet the demands of war time by a full admission of civil aid and by giving it freedom and responsibility with regard to the treatment of patients, I further explained the proposal. It is pertinent to observe that suggestions of this kind had been made in my articles earlier in the year, and that before I left South Africa the plan had, I believe, been adopted in more than one large hospital. It was not possible for me to go into the important branch of the subject dealing with the permanent machinery of such a system at home, which would replace the present happy-go-lucky plan of engaging civilian surgeons by advertisement and sending them out in batches to be hastily utilised under Army Medical Officers often greatly inferior to them in scientific attainment. It has been pointed out in the opening chapter, and also in the Interview (Chapter X.), on the subject of "Nursing," how the same hasty and ill-prepared methods have been applied to the selection and despatch of nurses who have been passed through the recently-formed "Army Nursing Reserve," for the useless purpose of investing them with a quasi-military status.

A. I should like, if I might be permitted, to say a general word about what I have very strongly advocated with regard to the Army Medical Department, and that is an improved elasticity. I think there is no elasticity in it; there has been no satisfactory system of reserves at home. I grant that you cannot keep in peace time a medical service which is equal to the strain of a great war; it would be wasteful, but it is all the more necessary, it seems to me, that you should have ready at hand a system of immediate expansion where you can put your hands upon the best service, both in the way of doctors and in the way of nurses.

Q. I follow that; but have you sketched out in your mind how you would do that?

A. Yes, but I think that would detain you too long. I only want to give one illustration of it, which I think you will quite understand in a moment. There is, I believe, a traditional objection in the Army Medical Department in the first place to female nursing, and in the second place to the civil element altogether. Now, if you will take these three base hospitals that I found at Cape Town when I arrived there, those were all very well as long as there was no pressure. My contention is that if you had a sufficiently elastic system, when the pressure came the whole of those three general hospitals could have been turned into civil institutions at once, and the whole of the staffs of those hospitals could have been freed to go up to the front, their proper place. You could leave possibly a principal medical officer, not to have any control over the treatment of the patients, or an Army Service Corps man, or what you like, to look after the supplies and to keep up the discipline, to look after the status of a patient as a soldier in the army, but not to have anything to do with the treatment of patients. If you had sent out a civil staff with civil doctors, with a sufficiently eminent surgeon to take the head of the surgical division, and a good doctor to take the head of the medical division, they could have had junior doctors under them. You could have supplied the place of your trained orderlies by efficient nurses; you could have had the heavy work done by the bat-

men—there are twenty-one of them. And the whole of this trained staff, who are military men, and suited to the performance of duties at the front, could have been sent forward to the front, and you could have put in their place a staff quite as suited, if not better, able to perform the duties required in a base hospital. I only give this as an illustration of the great advantage that would have arisen from the acceptance of an elastic system. Instead of doing that, the Army Medical Department—perhaps excusably—has, so to speak, hung on to every institution; it is under-manned, and its *personnel* has been utterly incapable of meeting the demand placed upon it, and it had no real system whereby the deficiency of *personnel* would be satisfactorily supplied. I do not call merely getting out so many civil doctors, in hundreds it may be, without having a system ready to receive them—I do not call that elasticity; and I do not call the using of untrained men and convalescent men as nurses medical arrangements; I think it is only housing the men and looking after them as if they were in an hotel, and as if they were not sick.

INADEQUATE HOSPITAL PROVISION.

I explained the case of inadequate provision already alluded to* in an earlier chapter thus:—

It has been claimed, and it is too important a matter to pass over, that the provision in this war has been co-equal to a demand of 10 per cent. Mr. Wyndham claimed that he has always had 10 per cent. hospital accommodation. Now I do not know how many troops there were in Cape Colony on the 1st March, but if you happen to have those figures I could illustrate the point a little more clearly—the figures at the time of Paardeberg.

Q. We are going to have returns, but we have not got them.

A. Then I can only give you the other side of the question—that is, the hospital accommo-

* See p. 47.

dation. On the 28th February—that is why I take the 1st March—I received from Surgeon-General Wilson a table giving hospital accommodation at the various places. That is published at the end of my second article in the *Times*. You see he makes up the hospital accommodation in Cape Colony—this is in his own handwriting—to 3,137 beds. My opinion is you will find that there were over 70,000 troops in Cape Colony at that time, and therefore instead of being a 10 per cent. accommodation it was less than a 5 per cent. accommodation.

NORMAL PROVISION WOULD HAVE COVERED THE
EPIDEMIC.

On this very important proposition, which I lay much stress on, in spite of all that has been said about the unprecedented nature of the typhoid epidemic, I gave the following argument:—

Q. There is one other question. Throughout your letters, or at all events throughout Letter ix., you seem to imply that sufficient prevision was not taken by the Army Service Corps with regard to foreseeing the amount of enteric fever that might be likely to take place. What do you form that opinion upon?

A. I think the most striking evidence of it is the incident I have just given you, namely, that it is accepted—I am not quoting the authorities, but there are many—that a 10 per cent. accommodation ought to be made.

Q. But you say here: “Typhoid is the known scourge of South Africa. The danger was always there. Was it no one’s duty to think, warn, and prepare?” Do you mean that no one thought, warned, or prepared?

A. There was no material evidence of their having done so. Whereas a 10 per cent. accommodation is the normal one which is considered necessary, I do not believe there was a 10 per cent. accommodation ready at the time.]

Q. That is another question. Do you think there was a greater amount of typhoid fever than might have been expected?

A. I do not think so.

Q. You are of opinion that the accidents of the campaign had nothing to do with the attack of typhoid fever?

A. If they had had a 10 per cent. provision at the right place and at the right time it would have covered the epidemic.

Q. You think that the outbreak of the epidemic which occurred between Paardeberg and Bloemfontein ought to have been foreseen?

A. Yes.

Q. You do not consider yourself, as a layman, that the fact of our having to invest Cronje's army had anything to do with it?

A. No, I would not say that.

Q. That was an incident which could not be foreseen.

A. I would not say that, but I would say that I think in a campaign involving 200,000 troops on the march in South Africa, that typhoid is sufficiently habitual there to be likely to occur without a special cause.

Q. There is no reason to doubt, is there, that there was a very sudden outbreak of typhoid after Paardeberg?

A. Oh, no; but I think there is evidence that there was a very large outbreak of the epidemic in Natal, where they had no Paardeberg.

Q. I should have thought it was not so sudden.

A. Possibly not.

Q. What I wanted really to ask you was—I have my answer to a certain extent—that you do not think that the numbers were exceptional with regard to the attacks of enteric fever?

A. I cannot answer that; all I can say is, that if there had been 22,000 beds, which is a provision which ought to be made irrespective of any epidemic, I think it would have covered what are called the sudden accidental demands of the epidemic.

Q. Is it your opinion—and I think it is, from your

evidence—that enteric fever or typhoid fever at certain seasons of the year in South Africa becomes epidemic, and that the medical authorities might have expected it to come at the particular time it did come, and that they should have made greater preparations?

A. I think I would rather you put that question to a more scientific person than myself.

Q. You accuse them of not having sufficient accommodation provided and arrangements made, and it is on that assumption I presume.

A. No, my statement that they had not sufficient accommodation provided is absolutely independent—and that is what I have been trying to explain in my answers to Dr. Church—of any question of an epidemic. I say they ought to have had at the right time and the right place 10 per cent. hospital accommodation: that would have been 22,000 beds, and that would have covered, as a matter of fact, the outbreak of this epidemic.

TRANSPORT FOR THE MEDICAL SERVICE.

On this vexed question I only ventured to give illustrations.

Q. Do you think that this breakdown of the Army Medical Service could in any way have been obviated by the Service having control of its own transport?

A. I can only answer that by stating that the two units, the New South Wales Ambulance and the Irish Hospital, which had their own transport, were multiplied in their efficiency ten times over by having it. They were utilised everywhere by reason of having it.

FIFTY YEARS' IMPROVEMENT.

I concluded my evidence by the following general remarks:—

Generally speaking, if you have no more questions to ask me, I should like to say that what I think is this: that every other class in the country, with regard to every condition they find themselves in, has

during the last fifty years enormously advanced, with the exception, I believe, of the British soldier in a great war. I believe that his lot under these circumstances has not advanced. He does not know what medical treatment is—what it might be, or what it ought to be. If you were to put him on a gridiron and roast him, and tell him that was the way to kill the enteric germ, he would believe it. He is very brave, and he thinks bravery consists in standing any hardships just as much as it does in fighting. My point is, we have no right to trade upon this ignorance on the one hand or upon this fine bravery on the other, and that we should save many lives and greatly improve his condition, if we recognised that a great deal more could be done in war time than has been done in this war.

Q. You put it that you consider there has been no improvement with regard to attendance on the sick and wounded soldiers during fifty years. Do you put it seriously as high as that?

A. No, I think you mistook me rather. No doubt there has been a great increase in the skill and attendance and the care taken of the soldier; but I say that the result of under-manning, inefficient attendance, and insufficient equipment has produced a state of things which leaves the great majority of the sick and wounded in a campaign now little better off than they would have been in a campaign fifty years ago.

Q. That is what I understood.

A. I did not mean for a moment to suggest there had not been great advancement in the scientific skill.

CHAPTER X.

THE PRESS CENSOR. THE NURSING QUESTION.

"EVERY FACILITY." RELATIONS WITH HEAD QUARTERS. PERSONALITIES IN PUBLIC QUESTIONS. LETTERS TO THE PRESS. BLACK BEETLES.

INTERVIEW ON THE NURSING QUESTION. HOSTILITY OF THE DEPARTMENT. THE YEOMANRY HOSPITAL NURSES. THE IRISH HOSPITAL. ARGUMENTS AGAINST NURSES. DEFICIENCY AT BLOEMFONTEIN. RED TAPE IN SELECTION. NURSES AT BASE HOSPITALS. LORD WOLSELEY'S VIEWS. A SUGGESTION.

MY relations with the Press Censor are only pertinent to the subject of this record so far as they indicate the attitude of the military authorities towards the mission I had undertaken, and, as I stated in the opening chapter, I have always been in the dark as to both the initiative and continuance of the curious experiences I met with. The Press Censor stated in evidence before the Commission that I "was given every facility." I will make a general remark on this statement, without reproducing the detailed answer which I have supplied to the Commission. If it is implied that such facilities were either sufficiently or readily afforded, I must deny the statement. If it means that they were obtained, or rather extorted, from the Press Censor, in the teeth of many obstacles, refusals to recognise the mission as a reasonable or proper one, refusals to allow me to proceed with the troops or even remain where

the pressure of sickness was greatest, permissions first given and then withdrawn, and then accompanied by deterrent restrictions unknown to other Correspondents, constant vacillations and confusion of orders, and a general attitude of individual hostility which no military officer adopted toward me in South Africa, then the statement is partially true: facilities, of sorts, were eventually given me.

This course of proceeding began the first day I arrived in Cape Town, when, on explaining fully to the Press Censor the object and scope of my mission, both with reference to its interest for the public and its possible future value in any reorganisation of the War Office, he curtly informed me, *ex proprio motu* apparently, that I should not be allowed to go to the front—where half my proposed work lay. I then called on Lord Kitchener, the Chief of Staff, who received my proposal with consideration, and certainly did not express any objection of his own to it. But he stated that, as he had nothing to do with Correspondents, I must ask Lord Roberts. Lord Roberts was on the eve of starting for the front, and I could not see him. I therefore wrote him fully on the subject, asking for the requisite facilities. To this letter I never received any answer. As already related, I subsequently went to Bloemfontein, and there encountered the series of difficulties and obstructions at the hands of the Press Censor which are briefly summarised above.

I do not propose to enter further into the personal question between myself and the Press Censor except so far as is necessary to explain the letter given below, which I was compelled to write, on the subject of a

charge in the Press Censor's evidence, to the effect that I had said that if I were sent down from the front I would make a bad report of the hospitals. Without reciting the facts of the case here, which I have supplied to the Commission, and only pausing to point out the absurdity of the charge, in view of the public task I had undertaken, I may be permitted to examine briefly the time and circumstances under which it was brought.

Strained as our personal relations had been, constituting legitimate grounds of complaint which would have thrown much light on the subject of the Censorship when discussed in the House of Commons and the Press, I maintained silence with regard to them because I was determined not to confuse a public issue by the introduction of personal matter. The case for an inquiry had been made out. It rested not on my evidence alone, but on that of many other witnesses, and on those other unfavourable reports received by the War Office, the origin and extent of which have always remained a mystery.* The inquiry had been granted. The Commission was sitting. The whole matter had been raised by its own merits and importance to the plane of a great public question, independent of, and far above, petty personal disputes or individual "motives." It was then that the Press Censor proceeded to drag it down to the level of personalities by bringing this charge. What the former could possibly have to do with the efficiency or inefficiency of the medical arrangements in the war, which was the sole matter before the Commission, would seem to pass the compre-

* See House of Commons Debate, p. 89.

hension of ordinary minds. It is a method happily foreign to the best traditions of English public life, although not unknown in dialectics of the baser sort. That is all that need be said by way of introduction to the first part of the following letter (*Times*, September 20), the remainder of which explains itself.

TO THE EDITOR OF THE *TIMES*.

"SIR,—A brief absence from London has prevented my seeing the fuller report of Lord Stanley's evidence at Pretoria, which appeared in your issue of the 13th instant, until my return late last night. That evidence appears to have been confined to personal references to myself. It contains certain grave inaccuracies which I have not the slightest intention of passing over in silence; but as your columns will now necessarily be filled with more important matters I will postpone for a short time a full recital of my transactions with the Press Censor in South Africa, which will carry its own clear refutation of those statements. Meanwhile I will ask your readers to suspend their judgment until they have heard the facts.

"There is, however, one accusation which I must briefly deal with here, and which I deeply regret should have remained unanswered for a single hour. Lord Stanley states that I said I would speak ill of the hospitals if I was sent down from the front. 'From Bloemfontein,' the cabled report says; but my applications were made for the purpose of going on with the troops and seeing the treatment of the wounded in the field. Lord Stanley's statement amounts in plain English to a charge of blackmail, and it is devoid of a vestige of truth.

"On the general subject of the inquiry—not on the proceedings of the Commission—I would venture to make one remark. The fact that the cabled reports have been filled with the evidence of officials, since the Commission began its sittings in Cape Town, brings only one side of the question before the British public. One

would gather from these reports that there was never any ground for complaint, and nowhere any room for improvement.

"There is another side, to which justice still remains to be done, and of which little has been heard from South Africa. I will give but one instance. On September 3 there was some very important evidence given at Bloemfontein. The report of that day's proceedings cabled home was confined in one journal to the statements of the principal medical officer of the town, and in the rest to a brief circularized summary to the effect that the evidence showed that everything had been satisfactory. On that day seven civilian doctors gave evidence which not only confirmed to a striking degree my complaints, but went far beyond them on the same lines. They were experienced men who had been engaged in the hospitals at Bloemfontein at the time I spoke of; they were the most important and reliable, because the most independent, witnesses. Their evidence did not appear, and was not mentioned save in one London newspaper.

"I have only to add that I have maintained, under many misrepresentations, an attitude of studied, if watchful, reserve since the close of the Session. Lest it should be misrepresented, and in reply to many correspondents whose letters I cannot possibly answer, may I take this opportunity of stating that they may rely on it—to use the phrase common to most of them—I shall "stick to my guns"? I have not burnt half my ammunition, and I shall do all that lies in my limited power to press on those reforms in our system of treating the sick and wounded in war-time which are grievously needed, and which I cannot believe the Government of to-day—and of to-morrow—will approach with a doubting mind or a halting hand.

"I am, Sir, your obedient servant,

"W. BURDETT-COUTTS.

"1, Stratton Street, W.,!September 19."

[*Times*, September 20, 1900.]

From first to last I have been the object of somewhat similar attentions to those of the Press Censor in the form of personal attacks, both from obviously interested and from anonymous quarters. None of these were, in my opinion, worth answering. They follow the track of reformers like so many black-beetles crawling out of fusty old departments and dark holes of prejudice, with an insistence which no one who ventures to disturb the latent forces of vested interests and organised bureaucracy can hope altogether to escape. I think I have had rather more than my fair share of them.

As the following was published close on my election (and scattered as a fly-leaf amongst my constituents—without the answer, of course) I thought it well to reply in the paper where it appeared. The matter is so trifling that it is only given here in order that this book should fulfil its function as a complete record of all I have said or written in public on the Hospitals Question. The two letters speak for themselves. The first appeared in the *Times* of September 29 and the second on September 30. I will only add that the Army Remount Department was in great want of horses.

TO THE EDITOR OF THE *TIMES*.

SIR,—The following extract from the evidence of Mr. Price, chief traffic manager of the Cape Government Railway, given before the Commission on August 24, and reported in the *Cape Argus*, is worthy of consideration.

“After giving evidence on the management of the traffic for military purposes, Mr. Price proceeded :—

“Asked as to the forwarding of Mr. Burdett-Coutts’s horses at a time when there was a great difficulty in getting up supplies to Bloemfontein, witness stated that

that gentleman expressed a desire to have his two horses sent up by the train he travelled with. Witness told him this was impossible, and that in any case the horses could not be forwarded without an order from the military authorities. A fortnight later Mr. Burdett-Coutts wrote asking him to forward the horses and his two men as quickly as possible, the former to be consigned to Prince Francis of Teck, the head of Army Remounts, Bloemfontein. The men, Mr. Burdett-Coutts wrote, would have two boxes of saddles, &c., and their own kit, which he supposed would go in the truck, and he wished them to take up two boxes for him. Witness felt sure the horses went up in military trucks."

Thus, apparently, when, according to Mr. Burdett-Coutts, our sick in the front were suffering from want of supplies, he made use of the railway to forward his horses in military trucks to the care of the head of the Army Remount Department.

The paper from which this extract is taken was forwarded to me by a Staff officer of high position in South Africa, with the hope that it may be published in the *Times*, so as to give Mr. Burdett-Coutts an opportunity of explaining his action in the matter.

Quis custodiet ipsos custodes ?

Your obedient servant,

J. B. HAMILTON, Surgeon-General, R.P.

J. U. S. Club, Sept. 25.

TO THE EDITOR OF THE *TIMES*.

SIR,—The point raised by Surgeon-General Hamilton is almost too trifling to occupy your space with, and his charge as groundless as another I recently had to answer.

Of course I had to have a horse in order to go on with the troops, if I was to complete my mission by seeing the treatment of the wounded in the field. I could not walk, particularly as I went with the scouts most days. I had three horses up from Cape Town, sold two of them to the Army Remount—if they bought any others as cheap, they did well—and kept one for myself.

They trekked, by road, the last ninety miles from Springfontein. That is the history of this terrible transaction.

There were thousands of horses coming up to Bloemfontein, and thousands of men, and thousands of trucks; but I do not think there were enough hospital stores or *personnel* in them, which is all I ever said about the transport.

Regretting these personalities, the motive of which hardly requires explanation,

I am, Sir, your obedient servant,

W. BURDETT-COUTTS.

1, Stratton Street, W., Sept. 29.

Earlier in the history of these events I had given the following interview to a journal which circulates largely amongst the nursing community. I had maintained the same abstention from "interviews" as from popular audiences; but the subject of female nursing in military hospitals was one of sufficient importance to tempt me to make an exception in its favour. I had previously discussed it at length in one of my articles in the *Times*.

(From "The Hospital' Nursing Mirror.")

INTERVIEW WITH MR. BURDETT-COUTTS, M.P.

BY OUR COMMISSIONER.

ONE result of the serious charges made by Mr. Burdett-Coutts, M.P., against the War Office respecting the treatment of our sick and wounded soldiers in South Africa is that the member for Westminster has, ever since they became public property, been overwhelmed by correspondence, and it was not until Tuesday morning that he was able to keep an appointment with me. As I explained at the outset, I did not desire to discuss the general points raised by him,

but to obtain from him any information, and the expression of any opinions, which might be of special interest to the nursing world. Obviously, however, the nursing is the essence of the question, and perhaps it is not too much to say that Mr. Burdett-Coutts put it first of all.

HOSTILITY TO FEMALE NURSING.

"In one of my earliest articles," observed the member for Westminster, "I drew attention to the hostility of the Army Medical Department to female nursing. The traditions of the Department have always been against it, and the requests of the private hospitals for more nurses than the regulations of the Department allowed were persistently refused."

"What did the regulations allow?"

"In a general hospital eight nurses and one superintendent to every 520 patients, an allowance which means that the female nurses are not to do any nursing but are simply employed to superintend orderlies."

THE YEOMANRY HOSPITAL.

"After considerable effort a concession was made, and the number of nurses for 105 patients was increased to four. Then the Yeomanry Hospital came along, and, thanks to social influence and to the determination of Mr. Fripp, forty nurses were permitted to minister to the necessities of the patients."

"Do you care to express any opinion about the Yeomanry Hospital?"

"I think it is a splendid institution, and that the greatest possible credit is due to Lady Curzon and Lady Chesham for organising the fund; to Mr. Fripp for organising the hospital, and to Colonel Sloggett, R.A.M.C., for the skilful manner in which he 'commands' it."

LORD IVEAGH DENIED NURSES.

"Another illustration," continued Mr. Burdett-Coutts, "of the antipathy of the Department was shown in the case of the Irish Hospital organised by

Lord Iveagh at the same time as the general hospitals. They made strong efforts to secure permission for the employment of female nurses, but could not obtain it, and after the hospital arrived at the front the managers had to take what nurses they could get. The fact is that the Department would not face the necessity for the appointment of female nurses and, as I have stated in one of my articles in the *Times*, the absence or totally inadequate supply of female nursing laid down in the manual of the Department is a glaring blot on our present Army Medical system. It is, I repeat, an antediluvian prejudice dating from the time when 'Mother Gamp' ruled in the sick-room, and taking no account of the enormous development of scientific and efficient female nursing which has been one of the brightest features in the domestic history of the last thirty years."

THE ARGUMENTS AGAINST FEMALE NURSING.

"It would be interesting if you would indicate the arguments that are used against female nursing in the army in time of war, and your own answers."

"I have already done so at some length; but, possibly, a summary may suffice for the purpose. It is urged that soldiers prefer to be nursed by orderlies, and do not like women about them when sick or wounded.

THE MINISTERING ANGEL.

"My reply is a direct negative. Any man who has been seriously ill knows the difference between an orderly with horny hands and creaking boots, smelling of tobacco and other things, moving about his bed, tending him with a man's touch, and the real ministering angel—the female nurse. Then, it is contended that a hospital camp is not a place for women to live in. I maintain that it should be made a place, and that this has been done repeatedly with perfect comfort and propriety."

"You have disposed of two of the objections; are there any others?"

"It is alleged that as a number of the patients in a military hospital are convalescent, and sit about smoking and chatting, a woman's presence interferes with their freedom and enjoyment of each other's society. Even if this were the case, however, it would only prove that military hospitals ought not to be occupied by convalescents. But the general experience is that the presence of a woman invariably raises the whole tone of a hospital. Another contention is that all cases are not suited to female nursing. My rejoinder is that this is merely a question of classification and separation, just as easy to accomplish as the isolation of enteric or scarlet fever cases.

THE SENTIMENTAL DIFFICULTY.

"There is yet one further objection, which I may call the sentimental difficulty. But there is no more danger of flirtation in the ward of a military hospital than in the male ward of a civil hospital. To put forward such an argument against the employment of female nurses in civil hospitals would be to excite an outburst of ridicule."

"And you think that arguments of the character you have described have had a great deal to do with the indisposition of the authorities to send a requisite number of female nurses to the front?"

"I can only say that they are the arguments which I have frequently heard used, although I should not like to affirm that they are endorsed by all the officers of the R.A.M.C. On the contrary, I know that some of the officers cordially welcome female nursing. But this does not alter the fact that at the headquarters of the Department at home the prejudice is as strong as ever.

THE BLOEMFONTEIN HOSPITALS.

"To the existence of this prejudice I mainly attribute the state of affairs which I found at Bloemfontein on May 23rd. Although we had then been for ten weeks in possession of the town, there were in one hospital only twenty nurses for 1,700 patients.

I consider that this is a wretched number, especially bearing in mind the lesson taught us by Florence Nightingale at the Crimea, and that the present war is carried on in a safe country for women."

In connection with Bloemfontein, Mr. Burdett-Coutts pointed out that he gave a favourable account of the town hospitals, and I asked him how many patients were in them.

"There were," he replied, "eight such hospitals, with an aggregate of about 750 patients. In three of these there were nurses or sisters on the arrival of the troops at Bloemfontein. They, of course, confined themselves to their respective institutions. These contained about 260 patients—sixty in the Roman Catholic Convent, a hundred in St. Michael's Home, an Anglican institution, and a hundred in Volks Hospital. In all these cases the patients were well nursed, and Miss Maud Young, the matron of Volks Hospital, was indefatigable in her attendance to their needs."

COMPLAINTS FROM NURSES.

"Since your article which caused such a stir appeared, have you had any letters from nurses?"

"A large number, many of them complaining that the writers were rejected when they offered themselves for employment at the front. Of course, I know that some applications of the kind were properly refused; but I have had four or five letters from fully-qualified nurses who were apparently rejected simply because they were 36 instead of 35 years of age. But the truth is that the objections of the Army Medical Department to female nursing have permeated the very organisation which was started to encourage it."

"You mean the Army Nursing Service Reserve?"

RED TAPE IN THE RESERVE.

"Yes, unfortunately; the Department has introduced even there the red tape and restrictive regulations which militate so greatly against female nursing. It is a striking commentary on the policy pursued that.

owing to the Department not having sent out sufficient female nurses from home, they have had to take on a large number out there."

"Do you know whether the latter were qualified?"

"I cannot tell you; but it would obviously be better to avoid any risks of having to fall back upon untrained or inadequately trained nurses by sending from here a sufficient quantity of those who are known to be properly qualified."

THE CRUX OF THE QUESTION.

"How many nurses do you consider ought to be employed at the front?"

Mr. Burdett-Countts modestly rejoined: "That is a subject on which the profession is more competent to judge than I am. But my whole position is that if in the general hospitals they had a proper elasticity in their system they could have turned all the base hospitals at Cape Town into hospitals served by women, and then despatched to the front the whole of the orderlies and male staff, with the exception of a few of the latter to maintain discipline and nurse unsuitable cases, and a certain proportion of untrained orderlies, even privates in ordinary regiments, to do the heavy work. It was because of the insufficient supply of female nurses that such a large male staff had to be kept at the base, when their proper place was elsewhere. These men should have been attending to the sick and wounded at the front in dangerous places, instead of registering all the details of wounds and diseases in the office of a base hospital, or doing women's work in the wards."

"You do not deny that men are wanted to do the heavy part of the work?"

"On the contrary, I consider it is essential that they should. But the absurd thing is that in addition to the nursing orderlies there are outside men—Bât-men, they are called—to do the heavy work. This shows that the trained orderlies are employed exclusively as nurses, and that the theory of the system is to have the nursing done by males."

MISREPRESENTATIONS.

In conclusion, Mr. Burdett-Coutts mentioned some of the misrepresentations to which he had been subjected, and said: "In the first place, I have never attacked the *personnel* of the R.A.M.C. ; in the second, I have never attacked, nor had the slightest intention of attacking, Lord Roberts. My sole object has been to show what has happened in South Africa, in order that reform may come and that such deplorable things may not occur again."

LORD WOLSELEY'S VIEWS.

"You wish to change the system?"

"Exactly. But you may judge how hard that task is likely to be when I state that Lord Wolseley is very strongly in favour of female nursing in military hospitals."

Certainly the fact that the views of the Commander-in-Chief of the Army upon nursing are flouted by the War Office authorities will tend to materially confirm the impression that the permanent officials of the Department—like some well-known individuals centuries ago—take too much upon themselves, and will have to be either taught their place or relieved from the performance of duties which they misinterpret.

I should only like to add one word to the above. What I have called the "sentimental difficulty" is a real one under the peculiar conditions of a campaign. It is not insuperable, but it requires the careful consideration of wise and practical women, so many of whom, both English and Colonial, have rendered noble service to the cause of humanity in this war. If some of these were to meet in conference with some of the superintendents and elder nursing sisters who have had the experience of this campaign, a satisfactory scheme for the future could be easily drawn up. It

is essentially a matter for women to settle amongst themselves; but if I might venture to make a suggestion it would be on the following lines: 1. Careful selection. 2. An experienced and acceptable matron or superintendent for each contingent of nurses, with full power of discipline and dismissal. 3. The continued solidarity, as far as possible, of every such contingent under its own superintendent in any particular hospital to which it may be attached. It need hardly be added that when once the pressure arose, none of these safeguards attended the provision of nurses in this campaign.

CHAPTER XI.

WESTMINSTER ELECTION SPEECH.

ITS JUSTIFICATION. EXPLANATION OF MOTIVES AND REASONS.

THE SPEECH :—OPPOSITION IN WESTMINSTER ; THE ISSUE BEFORE THE COUNTRY ; THE HOSPITALS QUESTION ; PATRIOTISM ; PARTY ; FAIR CRITICISM ; NECESSITY FOR REFORM ; LORD ROBERTS ; THE DOCTORS AND NURSES ; AN UNPREJUDICED REPORT ; PRACTICAL OBSERVATION ; TENTS ; BEDS ; THE RIDE TO KROONSTAD ; REASONS FOR PUBLICATION : REFORM ; DEFICIENCIES ; THE CLAIM TO PERFECTION ; THE ONLY WAY ; UNANIMOUS VOTE. .

I HAD no intention of making any further public reference to the Hospitals Question until the Commission issued its Report. As long as Parliament was sitting, it seemed the most correct course to carry every question to the House of Commons. As the opportunities of debate were refused one after another I appealed to public opinion through the Press ; but after the close of the session and the departure of the Commission, I maintained a studied silence, only broken by the two brief answers to personal charges contained in the last chapter.

Aiming at immediate improvement, and an inquiry as a basis of future reform, both of which were to be gained in the House, I had from first to last avoided the public platform. I had even hoped that the General

Election would leave me free to maintain this attitude ; but an opponent appeared in Westminster, who, standing as a Conservative, made my action on the Hospitals Question his sole reason for coming forward. I was compelled to deal with it, not only for that reason, but because I had not addressed my constituents since my return from South Africa. I made but one speech, and I devoted it mainly to an explanation of the motives and reasons which had impelled me to take the course on which I was challenged. Had I cared to deal with the Hospitals Question on its intrinsic merits, and bring forward a tithe of the new information I had obtained first-hand with regard to medical mismanagement, my speech would have had a somewhat wide publication. As it stands, I am glad that it should be read, as it clears up many points on which the public have been misled. It is reproduced here from the reporter's shorthand transcript.

The hall was crowded to the utmost, and the audience was more than attentive.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I feel that I ought to begin with an apology for, or rather I ought to call it an explanation of, my not having appeared before my constituents during the three months that have elapsed since my return from South Africa. But I venture to think a moment's consideration will enable you to understand that attitude on my part. I felt it my duty to bring before the House of Commons and the country a question which as you know has excited great public interest. As long as Parliament was sitting I felt that I ought to say what I had to say on that subject on the floor of the House of Commons ("Hear, hear," and applause)—the House of Commons to which you have done me

the great honour to send me and in which arena it is the boldest and best way for any member to bring a public question forward (cheers)—and not in public meetings. Since the House rose the Commission of Inquiry has been sitting, and I felt that it would be in accordance with the wishes of a good many people that I should maintain an attitude of reserve during the sittings of that body. I have maintained that attitude of reserve ever since under many provocations, and I should have been able to preserve it still if it had not been for an unexpected circumstance that only came to my knowledge the night before last.

THE OPPOSITION IN WESTMINSTER.

I find that I am to be opposed in Westminster by a Conservative candidate. I do not venture to ask what body or section of the Westminster electors have requested him to come forward. ("Hear, hear," and laughter.) All I note is that he is a Conservative, and a member of the Westminster Constitutional Association. But I am a Conservative. The political opinions of my party are my political opinions, and I am ready as I have been for fifteen years to defend those political opinions in the House of Commons or on the platform. (Cheers.) Therefore, on what ground does this gentleman oppose my candidature? There is but one ground—we had better not blink matters—and that is my attitude on the important question to which I have referred, the question of the treatment of our sick and wounded in war-time. Very well. I accept the issue; although I do not think it is one that ever ought to have been brought into the heated atmosphere of an electoral contest. And what I want the Conservative party in Westminster—aye, and outside of Westminster—to note is this, that this opposition forces me from the attitude of reserve I have hitherto maintained into dealing with this question on an electoral platform. Amongst the many charges that have been brought against me in this matter I have not heard that there has been included the charge of want of courage. (Loud cheers.) I am not afraid, I never have been

afraid, to deal with this matter on a public platform. But for reasons I have explained I have refused all the invitations I have received, and they have been many, to deal with it in that manner. I cannot, however, refuse to accept the challenge that has been thrown down. But I am justified in placing upon my opponent, and those who support him, the responsibility of bringing this matter forward. (Applause.)

There are perhaps one or two questions that I might ask. Has my opponent consulted the responsible guides of the Conservative Party in whose interests he will tell you he has come forward? Has he the sanction of the Central Conservative Office in doing so? Is it in the interests of the Conservative Party that he should do so? The answer to the one question, with regard to the Central office, I am quite certain is *No*. The answer to the second question, with regard to the interests of the Conservative Party, I leave in your hands. (Cheers.)

THE ISSUE BEFORE THE COUNTRY.

Now, gentlemen, I have only a few words to say upon the main issue that is before the country in this election. It is an issue that concerns the most vital interests of the British Empire, which, in my opinion, are in safe hands when they are in the hands of Lord Salisbury and our other leaders. (Loud cheers.) Their policy in the past and their declared policy for the future will bear the closest scrutiny, from the point of view of Imperial interests. I am not going over the old arguments which justify the great war from which we are now victoriously emerging by the bravery and endurance of our soldiers (loud cheers), by the ability and gallantry of our officers ("hear, hear"), and by the firmness and resolution of our people at home. (Cheers.) I am not going into those arguments, because I always considered them irrefutable and overpowering. But this I may say from my personal experience, that no loyal Imperialist, whether he belongs to this country or to those great Colonies which have taken such a magnificent part in this struggle (cheers), can have

visited South Africa during the past year without becoming convinced that the war was both just and unavoidable. (Cheers.) But, ladies and gentlemen, the more important issue before us is the future of South Africa. And I ask you with confidence whether Lord Salisbury (cheers), who is at the head of our Imperial policy, and Mr. Chamberlain (cheers, and a voice: "Good luck to him!"), who has shown us how to bind our great Colonies to the mother country, are not the only statesmen to whom this policy of the future can safely be entrusted? The future of South Africa will be a great problem: and to aid in its solution we have out there the ablest, the kindest, the most loyal and the most enlightened Pro-consul that this country possesses, in Sir Alfred Milner. (Cheers.) To his hands, under the direction of our great Imperial Ministers, we may safely leave the great problem of peace and reconciliation, coupled with the maintenance of the Queen's rule, in our new or rather our regained territories there. There are many deeply interesting features in that problem which I should like to bring before you, but which I do not propose to deal with to-night, because I feel it incumbent upon me to approach at once, and without fear or hesitation, the subject on which I shall be challenged in this election.

THE HOSPITALS QUESTION.

I think it will commend itself to you when I say that I propose to confine my remarks to the more personal aspect of the question, and to an explanation of the attitude that I have felt it my duty to take up: and not to make any criticisms upon the Commission itself, upon its method of proceeding, or, beyond what is absolutely necessary, upon the evidence that has been given before it. ("Hear, hear.") But on the question of my personal attitude I am bound to explain that matter to you, not only because it is to be challenged in this election, but because I am here to-night asking you to return me again as your Member in a contested election, and a man in that position is bound to explain to those at whose hands he asks

so great a trust and honour, his own attitude on a question which he has himself raised, and which has become one of public interest and national importance ("Hear, hear.")

Ladies and gentlemen, I think I can best deal with the subject by standing on my defence, as it were, and by answering in detail—and I hope once for all—certain accusations that have been brought against me in this matter.

PATRIOTISM.

I am accused of want of patriotism in the action I have taken in disclosing these matters to the public. (A voice: "Bosh!") I repudiate the charge, realising that it is not only an empty and silly charge, but that it is one which, if accepted as having any foundation, will do grave injury to the interests of the truth coming out—which are the interests of reform.

What is patriotism? Is it not a devotion to the interests and strength of your country, and to the welfare of its people, including the brave soldiers who fight and suffer and die for it? (Cheers.) Now, I ask—are the interests of this country confined to the interests of the Army Medical or any other department? Are they enshrined in an obscure office and embodied in a few permanent officials (a voice: "No") who say, "Don't attack us; don't expose the defects of our system—no matter what they cost in life and suffering. It is most unpatriotic to do so." I decline to accept this view of patriotism. (Cheers.) It is not patriotism to cloak and conceal and whitewash defects of machinery, when you know that those defects have caused suffering which you believed to be unnecessary, and deaths which you believed could have been averted (loud cheers and cries of "No"), when you know that if these evils are allowed to continue unreformed they will impair our national strength in the future. It is not patriotism to hide these defects when you know that by doing so you place an insuperable barrier in the way of their reform. I will show you a little later on how, owing to a peculiar combination of circumstances, silence in this particular

case would have postponed reform indefinitely, even if it did not make it altogether impossible.

I want to point out another absurdity in this charge of want of patriotism. Was it unpatriotic of a man like Lord Charles Beresford to come out with a series of speeches and articles displaying to other nations the weakness of our Navy for the sake of proving to the British public the imperative need of its increase and reorganisation and reform? (Cheers.) But someone says "This is war-time." Yes, but that was very near war-time often—with other nations only too ready to pounce on us at any moment if they thought our Navy was weak. But who has called Lord Charles Beresford unpatriotic? Who has applied that word to the band of members of Parliament who supported him? ("Hear, hear.")

But we will come on to actual war-time. Now, what I want to point out is this. The treatment of our sick and wounded is not a department the defects of which it can be of the slightest advantage to the enemy to know in war-time. If I had attacked other departments of the War Office—those which I may call the "combatant" departments—and had devoted myself to showing up the defects in our guns, our rifles, our ammunition, defects in our military training, in the mobility of our troops, in our knowledge of scouting; if I had said—not that there weren't enough doctors and orderlies and nurses—but that we hadn't sent out enough mounted men to fight the Boers, then that indeed might be considered information useful to the enemy, and might be injurious to the interests of the country. ("Hear, hear.") But has anyone accused the people who have attacked those defects of being unpatriotic? What has happened? During the last year, and since the war began, the papers have been full of such attacks. They have been incessantly made by all sorts of people, many of them in high positions. In public speeches, in letters to the newspapers, in weighty articles in periodicals, they have laid bare the defects of our combatant system and of our combatant material as displayed in the course of this war. Whatever I may

think, no one else has thought of accusing these people of being unpatriotic, although they were disclosing things of which an enemy might take advantage. But when I come to expose defects of a different character altogether; defects which it cannot be of advantage to the enemy to know; defects which involve our brave soldiers in suffering and death; then forsooth I, and I alone, must be called unpatriotic. Gentlemen, it is juggling with a phrase. (Loud cheers.)

PARTY.

Again, I am accused of want of loyalty to my party in having made these disclosures. (A voice: "Quite true.") May I assure my friend I have no objection to differences of opinion (loud cheers); all I want is to make my views known to you. (Cheers.) I repudiate that charge with as much earnestness as I have done the other. I decline altogether—I have always declined—to look upon this as, in any sense or by the widest stretch of imagination, a party question. (Cheers.) The man who looks upon it in that light—if he is a Conservative—is doing an injury to his party by identifying them with medical mismanagement in South Africa; if he is a Radical he is making use of a weapon which will break and pierce his own hand when he uses it. Of this we may rest assured, that the Government have done all that they were asked to do. I am not prejudging the question; I have no right to prejudge the question, whether it was enough or not. But this I know, that if they had been asked to do more they would have done it freely, generously, and without stint. It was not their fault when I believe the truth was hidden from them, as it was certainly hidden from the public. ("Hear, hear.")

No; on this party question I would say that most of the evils have flowed from the system, and that both parties in the State—and I am going to be quite open and straight and fair in this question—are in a sense responsible for that system. Under both Governments it has been allowed to continue, obsolete, bound up and strangled with red tape—(cheers)—permeated with

antiquated traditions, insufficient even for the needs of peace-time, and utterly unprepared in its policy and its framework for the strain of a great war. ("Hear, hear.") I should like to show you in detail how this is, but I wish to keep to my argument point by point, and the point I am making now is that this system was allowed to go on unreformed and unreorganised under Liberal and Conservative Governments alike. Therefore the evils which proceeded from the system cannot be made a party question. ("Hear, hear.")

FAIR CRITICISM.

I am not afraid to handle this particular matter a little more closely with reference to my own action. I have never from first to last attacked my party, or attacked the Government upon these evils. I defy anyone who reads every word I have said in debate and written in the newspapers to find anything that can be construed into such an attack. It is true that I criticised the composition of the first Committee of three as not being, in my opinion, the best one that could be formed. But my own party shared in this view and freely expressed it in the debate, and in consequence of the intervention of the Conservative party the composition of the Committee was enlarged. It is true also that at the close of the Session, when I still thought there was time for an improvement to be made, I claimed for the Commission larger powers in order to absolve witnesses of the responsibility of coming forward voluntarily. ("Hear, hear.") I could show you by many irrefutable proofs, even by pointing to the class of witness to which the evidence before the Commission has been almost entirely confined, what an advantage would have been gained from such an enlargement of its powers. But these debates on the Commission were debates simply on the method of proceeding in the matter. Party government would indeed be a strange thing if it prevented fair and honest criticism on methods of procedure. (Cheers.) My object in these criticisms was to increase the chances of the Commission eliciting the truth. And why, because I take one view

of the best means of doing that, and someone else takes another view, I should be accused of "a double-dyed depravity which passes the power of expression"—(laughter and applause)—is beyond my comprehension, as I think it was beyond that of a great many other people. But what I want to point out is that such criticism had nothing to do with the responsibility for the original evils (the sufferings of the sick and wounded in the war) of which I complained and did not in any shape or form lay them to the charge of the Government or the Conservative party. (Cheers.)

NECESSITY FOR REFORM.

If, as I believe, those evils were due in the main to a system, and if it is the case, as any member of Parliament will tell you, that whenever that system has been touched on in the Estimates debates it has been to empty benches, then the system was a heritage of evil handed on from one party to the other ("Hear, hear") unreformed, and the man who brings the evils that flowed from it forward is attacking neither party in particular. But if this be so, it is none the less the bounden duty of both parties to let no time pass and to leave no stone unturned until a thorough reform is effected. (Cheers. and a voice: "At the proper time.") I will deal with the significance of that remark before I have done. ("Hear, hear.") That Cause belongs to the Country and the Nation and not to any Party. It is the cause of humanity. (Loud cheers.) It is the cause of national strength. Because if those defects go unreformed, they will injure the popularity of the military service, and that would be a fatal thing in a country which depends and must depend on the voluntary spirit for even its regular army.

It is no use for the War Office to get a lecturer to go round with lime-light illustrations of the joys of a soldier's life, when all over the country in this or that humble community there have been coming back, for the last six months, little pencilled half-legible scrawls, written from picquets on veldt or kopje, or from the crowded enteric bell-tent, describing worse hospital con-

ditions than I dared make public, conditions under which they have suffered and their comrades have died. Do you know what becomes of these letters? Can't you see the scene? Spelt out with difficulty by the light of a candle in the cottage or the tenement, each is read to its own little crowded audience, who go out and tell the story to as many more. So it passes from house to house, from street to street, from village to village, from town to town, until there is all over an impression that *something is wrong*. Not with the country, not with the party—thank heaven, it hasn't gone and it won't go so far as that—but with the machinery, the red tape, and “them authorities.” (Loud cheers.) We won't hear anything of it in the excitement and pride of the return. The heart of the people is all right. And when Tommy comes marching home—God bless him!—from his long and weary and bitter struggle, so gallantly endured and so hardly won, the streets will ring with applause and the nation go wild with patriotic enthusiasm for Tommy and his gallant and much abused officers. But when the excitement and the glory of it has passed away, the conviction will still remain in the minds of the class from which our army is drawn that *something is wrong*; and no Government can call this country safe until that wrong is righted. (Loud cheers.) Assure them of reform. Let them know that no incompetent department with its obsolete traditions, its red tape and inelastic system, will be allowed to stand between the love and gratitude of the nation and the welfare of the soldiers who fight for it, and you will have no trouble in raising an army. (“Hear, hear.”) For, as I have said, the spirit of the people is good. It is splendid, loyal, and patriotic, but it is not to be trifled with and strangled by a self-satisfied bureaucracy and a bolstered up department. (Loud cheers.) So my cause is the cause of reform. That has been the sole meaning and object of my action in the past, and to that object my best endeavours will be directed in the future. (Cheers.)

I note with gratification the numerous references in

the addresses and speeches of the great leaders of our party to the proposed reforms in many departments of our military system. As the Army Medical Department is not specifically excluded ("Hear, hear," and laughter), I am not taking action against my leaders. They are on the side of reform. So am I.

LORD ROBERTS.

I have dealt with my own attitude from the point of view of patriotism and party. I wish now, once for all, to clear your minds of two or three other misrepresentations which have been widely published.

I have been accused of attacking a great soldier, one who I hope will soon return to receive in full measure the enthusiastic gratitude of his Queen and country. (Loud cheers.) I have been accused of attacking Lord Roberts. I think I can best answer this accusation by reading what I stated in the opening of my first speech in the House of Commons on this subject, on the 29th June :—

"In the first place with regard to Lord Roberts, I desire to take this, the only opportunity I have had after having seen Lord Roberts's work, to pay my tribute to the great services rendered to his country by that distinguished soldier, and to say I believe that no kinder or more humane heart breathes than his, who braced himself to a great public duty under very painful circumstances."

And again :—

"With regard to Lord Roberts, I wish to say one thing more. However generously he may take upon himself the responsibility for all these things, I do not believe that anyone will allow it to rest upon his shoulders. When we consider that the Commander-in-Chief of an army of 200,000 men, operating in different columns in divers parts of the country, has to hold in his head and his hands all the complicated plans and threads of these operations, it is absolutely impossible to expect him to supervise, or even to inform himself as to the details of a medical system."

It was after I had paid this tribute to the great commander, and had made this specific explanation, that at the close of that debate I was accused of making a personal attack on Lord Roberts. (A voice: "Nothing in it.") I will say nothing more. I will leave the

justice of that accusation to your judgment. ("Hear, hear.")

THE DOCTORS AND NURSES.

Next, I have been widely and persistently accused of attacking the *personnel* of the Royal Army Medical Corps, the doctors and nurses and staff. I will answer this in the same way by reading what I stated in the same speech. Speaking of this accusation I said :—

"Has there ever been a suggestion of that kind in any letter or published utterance of mine? On the contrary, I have given every possible credit to the loyalty and devotion with which those who have had the care of the patients have acted, and I take this opportunity of expressing my deep regret that many—far too many of them—have lost their lives in the performance of their noble task."

But these two accusations against me, that I had attacked Lord Roberts, and that I had attacked the doctors and nurses, were still circulated, and I feared were believed by those who had not read my speech but only read hostile comments upon it. Therefore a week later, on July 5th, I wrote a public letter which appeared in all the papers, from which I will read the following passages :—

"I deplore the tendency to convert the statements I have made into an individual attack on Lord Roberts or any other officer. The public must judge of the fairness of attributing to me a meaning for which there is no foundation in anything I have said or written, and which I have most explicitly disclaimed; but what I am far more concerned about is the result of such a course. Lord Roberts is the most popular commander of modern times with all ranks. To allow people, whether soldiers or civilians, to think they are attacking him by telling the truth about the condition of the hospitals is to place a serious barrier in the way of truth coming out. . . .

"What can only be characterised as a misrepresentation, and one as groundless as the last, and as widely circulated, is that I have attacked the *personnel* of the Royal Army Medical Corps, the doctors and nurses, for the manner in which they have performed their duties. No suggestion could be more untrue. In every word I have written or spoken I have taken up an attitude most favourable to them. In the former I pointed out unfair disabilities which the system imposes on them; in the latter I have paid warm personal tribute to the work they have done under the very conditions I described."

Now, I have dealt with these accusations in order that I may put them aside once for all. If any man makes them against me again I shall not take the trouble to answer them. ("Hear, hear.")

AN UNPREJUDICED REPORT.

Another common accusation is that I started out with a prejudiced mind, determined to find fault with the medical arrangements. No suggestion could be more groundless. It is refuted by the promises I made to my constituents in the public letter* I wrote on my departure, copies of which I have caused to be circulated amongst you to-night. ("Hear, hear.") It is absolutely refuted in black and white by my first seven articles in the *Times*.

I have perhaps been unfortunate in one respect: that the *Times*, while it is in many ways the greatest paper in this or any other country, has, numerically speaking, a limited circulation, and I suppose very few of those who are present to-night have ever read the series of articles that I wrote, particularly as, in accordance with the fixed custom of the *Times* and many other papers, they were not signed. In the first seven of them, which were written during my enforced stay at Cape Town, where I had to confine myself to the base hospitals, I paid to the work of the Royal Army Medical Corps, as I then saw it, the handsomest tribute they have ever received at independent hands. So much for my having gone out with a prejudiced mind, determined to find fault.

PRACTICAL OBSERVATION.

Another charge made against me is that I am unpractical, sentimental, and do not make allowance for the natural hardships of war-time, and that I put the care of the sick and wounded first and military success second. This is both unreasonable and untrue. It is a good many years ago now, but I went through greater hardships in war than most people have seen. (Cheers.)

* See pp. 3, 4.

What I do feel is that humanity should be steadily kept in view in war-time by a Christian and civilised country, wherever it can be done without prejudice to military success. (Loud cheers.) If it is a question of an iota of military success to be gained, or a yard of march necessary to it to be made, then I am the first to admit that no consideration for your sick and wounded should interfere with either. In my opinion—I do not state it as a fact, but only state it as my opinion—the things I saw and described were in a large measure preventable. (Cheers.)

It was stated that I wanted feather beds and first-class hotels for the sick and wounded at the front (laughter). Because I complained of men lying huddled on the ground in the worst stages of typhoid, kept in their fighting clothes for weeks, without the most ordinary hospital necessities, with insufficient attendance, and suffering many other horrors that I will not describe, why should I be accused of wanting a first-class hotel for them? Am I so unpractical? Now, I will give you two simple instances.

TENTS.

One of the great evils was the overcrowding in the tents. Now, the tent which is commonly used in the General Hospitals and also in the Field Hospitals whenever these latter are used for any length of time at such a place as Bloemfontein, is called a marquee. There is another tent which was used in all the private hospitals which is called the tortoise tent. Now, the Army Medical officers with whom I have spoken—and I have spoken with many, and was on the best of terms with all I met—expressed their preference for the tortoise tent over the marquee, as better for hospital purposes and as holding two more patients. But the point is that it is half the weight of the marquee. Now, in the equipment of a General Hospital which is to be transported to the front, the tents form a good deal more than half of the whole weight. Consequently, if they had used tortoise tents instead of the old-fashioned marquee, they would have been able to make up twice

the amount of shelter for the weight of tents carried up, and the overcrowding would have been greatly relieved. Is that, I ask, an unpractical criticism? ("No," and cheers.)

BEDS.

Another terrible evil was that the patients had to be on the ground. Anyone who has had typhoid—and I think I had it worse than any man that ever recovered from it—will know what it is to lie on the ground, sometimes wet, and very cold. It should be avoided wherever possible, and a well-known Army Medical authority states in his book that wherever Field Hospitals are to be stationary for any time, every effort should be made to raise the patients from the ground. There were no beds. As the army hospital bed was a very heavy affair, they could not be brought up. Very well. I admit it for the moment that the transport could not bring them up. But there is a bed which has been invented by a distinguished officer (Colonel Sloggett) of the Royal Army Medical Corps in South Africa, which can be made on the spot in a very short time out of the most ordinary material and by the most unskilled carpenter. It consists of a cross-piece at the head and foot and four ordinary inch boards laid side by side from one cross-piece to the other. The natural spring of the boards makes a very easy bed, and the patient is raised eight or ten inches from the ground. Hundreds, I might say thousands, of such beds could have been made by the carpenters of the Engineer Corps or carpenters in the town. But what is the good of a board bed, though it is springy, without a mattress? Well, all that was required for that was a bag or bed-tick, thousands of which packed together could have been brought up in one truck. These could have been stuffed with hay from the veldt and a very comfortable if temporary mattress made. So if they had had the tortoise tent and these temporary beds, those patients could have been raised from the ground. Now, am I unpractical in this suggestion? (A voice, "No.") Would it have

interfered with our military success to have provided the one kind of tent instead of the other? Would it have been any strategic loss to us to have knocked up those temporary beds? Because I criticised this want of initiative, do I really require a first-class hotel at the front? (A voice, "No," and applause.)

THE RIDE TO KROONSTAD.

There is one other thing I have to say in this connection. I somewhat distrust the correctness of the cabled reports of the evidence of the Commission we are receiving from South Africa. Lord Kitchener in his evidence did me too much honour. I did not ride with him to Kroonstad, and I practically only had one interview with him while at the front, which was confined to other than hospital matters.

IMMEDIATE IMPROVEMENT THE RESULT OF DISCLOSURES.

Now I pass to a matter which at least I can deal with with pleasure and satisfaction, and which has a significant bearing on my case. What was the immediate result of my disclosures in the *Times* and in the House of Commons upon the condition of the sick and wounded out in South Africa? I have no hesitation in saying that it effected a remarkable transformation scene to the great benefit of the sick and wounded out there at the time. ("Hear, hear," and applause.) I do not state this on my own authority. I will give you some quotations:—

An Officer in Hospital:—"The difference in the condition of hospitals now and at the time of which you wrote is quite wonderful. Directly your letter came out instructions were issued to get all the hospitals in the best condition, and especially to do away with the evils you mentioned, in particular overcrowding, so that if the Commission had an examination on their own account at the present moment they would be everywhere met with smiling faces, a good lunch, and a newly-painted picture of what was happening, not what had happened in the past."

The "Eastern Province Herald," Port Elizabeth, Cape of Good Hope, Aug. 21:—"The investigation, which the charges made by Mr. Burdett-Coutts against the Hospital management in South Africa has brought about, has already done good even in small matters. The local Base Hospital now is supplied with milk daily at

Government charges. For a very long time nearly everything of the nature of a medical comfort was supplied by benevolent townspeople, even to the necessary milk, but at the last meeting of the Soldiers' Comforts' Committee it was stated that the Base Hospital could now do without the Committee's benefaction in milk, and, significantly added a lady member of the Committee, 'they can get much more of what they really require *now*.'

A Nurse in Natal (from the "Times," Aug. 9:—"You would laugh at the change in the hospitals here. Since the fuss began at home, food and clothing galore, more than they can use. Instead of working seven to eight hours daily to supply our wards up to the doctor's orders, we have nothing but one jelly and two bottles of beef-tea to make, and the new sisters are so many in number that, as as one old sister says, 'there are more sisters than patients.' They are working hard to empty these hospitals. The wards in Fort Napier would not bear looking into. The College Hospital is closed."

An Officer in Hospital:—"I note with gratitude your championship of the sick and wounded in this country. It is only the state of my health which has prevented me addressing you before. I have been through four hospitals. There is not the least doubt your able advocacy has been the means of causing a marked and radical change in the direction you intended."

A Civilian Doctor:—"Your letter has effected enormous changes. Bloemfontein is now principally devoted to convalescents. A great brushing-up and garnishing is going on. A large number of new hospitals are being opened, although the sickness has decreased by half."

Now all this is certainly very gratifying. But its real significance lies in the question that will arise naturally to every mind: Why all this improvement if, as claimed, things were so perfect before? (Cheers.)

Then again, since that time a very large number of nurses and orderlies have been sent out. If things were all right before and the sickness had decreased by one half, those nurses and orderlies ought to have been coming back. However that may be, this fact is quite clear—that three months have passed since my statement was published, and during those three months there is not a soldier who has been in hospital who has not felt the benefit of my action. (Loud cheers.)

REASONS FOR PUBLICATION—REFORM.

I now come to a point to which I have briefly referred, but which I am anxious to make clear. Why

did I make these things public? Why didn't I go to the War Office quietly and inform them? Or why did I not wait till the war was over? I think that was the significance of the interruption of my friend up there in the gallery. ("Hear, hear.") I have many answers to those questions, not all of which I will make here. Perhaps the most obvious answer of all is contained in what I have just told you about the immediate and widespread improvement that took place in the condition of the hospitals and in attention to the sick soldiers on my disclosures being cabled over there. That is something definite gained, and I felt sure it would be gained. Does any man mean to tell me for a moment that that transformation scene would have ever been set if I hadn't made the matters public? (Cries of "No," and cheers.) But that immediate gain, practical and gratifying as it is, was far from being the limit of my object in making these painful matters known. I aimed at reform—a reform which would make evils that I had witnessed myself impossible in a future war—and I must explain to you now how in my opinion that object would have been frustrated if I had remained silent. ("Hear, hear.")

DEFICIENCIES.

For this purpose I must briefly recall to your minds the position of the matter at the time my disclosures were made, and I must tell you how it arose. Before the war began the deficiencies in the Army Medical Department and its inability to meet the strain of a great war were known to the departmental authorities, and, if the public had interested themselves in the subject, might have been known to the public. I believe it was the President of the British Medical Association who stated publicly eighteen months ago that if England had to undertake a serious campaign there would be another Crimean disaster. And it was known in the War Office, it was admitted by the heads of the Army Medical Department, that a single Army Corps, with its lines of communications—say

50,000 troops under arms—would exhaust the whole available Army Medical Service of this country. It could deal with ten per cent. of that number, say 5,000 sick and wounded, and no more. In one of my earlier articles to the *Times* I explained the basis on which this calculation of ten per cent. is formed, and showed that it was the very least it would be safe to work upon. I will not repeat the argument or quote the authorities for that basis, because it has been generally accepted in all these discussions that you ought to have at least hospital accommodation for ten per cent. of the troops under arms in any war. Now, so long as the sick and wounded were limited to ten per cent. on 50,000, that is, 5,000 sick and wounded, which was the case during the first part of the war, the Army Medical Service did very well. The time soon came when there were 200,000 troops in South Africa, and the hospital accommodation required for them was 20,000 beds.

THE CLAIM TO PERFECTION.

Now what was the attitude taken up by the Army Medical Department and its friends? In other departments it was practically admitted even by themselves that they were not prepared for a great war, and subsequently when the want of preparation became obvious it was not claimed by those departments that their work was perfect. ("Hear, hear.") But the Army Medical Department, alone I think of all the parts of the system, at once set up the claim that they were able to deal satisfactorily, and were dealing satisfactorily, with a problem four times as great as that which they had stated at the beginning of the war they were able to deal with. It was a preposterous claim, and one which never ought to have been made; but it was made and was forced upon the public mind by every conceivable method of advertised perfection. ("Hear, hear.") And the extraordinary thing was that the more the pressure increased the more the chorus of perfection was rung out to the public. Even when the terrible epidemic of typhoid broke out at Bloemfontein,

which is now put forward as the excuse for all imperfections, there was not a suspicion allowed to reach the public mind that anything was otherwise than perfect. And what was that public mind that was so treated? It was not only a mind but a heart—a heart that would have sprung to action and poured out its thousands and hundreds of thousands if it had known what was really happening to its brave soldiers. (Loud cheers.) Then we come to that unfortunate Reform Club banquet where Lord Rosebery stated “our medical and hospital system was absolutely perfect.” And he was followed by the two consultants, of whom I do not wish to say anything harsh, but who spoke words which unfortunately were applied to things which the speakers did not know, and places which they had not seen, and who stated, the one that “he did not believe it would be possible to have anything more complete or better arranged,” and the other that he endorsed what the first had said. Will you carry your minds back to the Monday morning when the reports of those speeches appeared, and when nearly every paper in England rang with satisfaction and approval at the medical arrangements—the one bright spot in the war. I explained in my article in the *Times* how it was on that very day, after waiting three weeks to be fair to the authorities and give time for an improvement, I saw the miserable scenes in the field hospitals which I described. But it was not till a month afterwards that I knew what had taken place here at home. During the interval I confess I shrank from publishing what I had seen—I shrank from the pain that I knew it would inflict upon thousands of relatives and friends here at home, and upon the British public at large. I wrote to Lord Roberts—or rather to his military secretary—and the letter was immediately shown to the Field-Marshal at Kroonstad. I wrote to him again at Bloemfontein calling attention to the various things I had witnessed. On arriving at Cape Town I cabled in the strongest terms to Lord Wolseley. It was only then I opened the papers and read, almost with stupefaction, the statements about perfection I have just quoted to you. Not

till then did I realise the fool's paradise in which you were living here, or how complete and universal was your belief in what you had been told.

THE ONLY WAY.

For a little time I felt helpless. Who was I, or what could I do in my individual capacity, against the powerful influences and authorities which I should have to face in this matter? ("Hear, hear.") Then, as in a flash, I realised that I had but one friend, and that friend was the public. (Loud cheers.) And the one way only to reach the heart of that friend and to rouse his hand to action, was to tell "the truth, the whole truth, and nothing but the truth." (Prolonged cheering.)

There was another reason for this. If I did not speak at once, the war would soon close, enthusiasm and patriotic fervour would fill the public mind, even sufferers would forget their sufferings under such influences. And after the war was over I should come in with a stale story which would have been discredited and belittled, and with regard to which every honest man would have said to me, "You knew that these statements of perfection were being made—why did you not contradict them on the spot?" (Loud cheers.) Which would have been the graver charge against me? That I spoke too soon, or that I spoke too late? (Cheers.) Too late to remedy the existing state of things; too late to better the lot of 10,000 brave soldiers who were then lying sick in the hospitals; but what is far more important, too late to bring to the aid of the reforms which I saw were necessary that great, that irresistible, force of public opinion without which no reform is ever gained in this country. (Loud cheers.)

That, ladies and gentlemen, is the explanation of my conduct, and that is the cause I lay before you. And in aid not only of the strength of the Empire, the future peace and security of our South African dominions, the progress and prosperity of our people at home; but in aid of that Cause which I have put before you to-night, I appeal for the support of the Conservative party in Westminster—aye, and of every voter in this Borough

who places the good of his country above all other considerations. (Prolonged cheering.)

A Resolution pledging the Meeting to support Mr. Burdett-Coutts as Conservative and Parliamentary Candidate for Westminster was then put, and carried unanimously amidst much enthusiasm. The meeting, which was crowded to the utmost, was free, and open to every elector.

In reply Mr. Burdett-Coutts said: Gentlemen. I thank you very heartily for your kindness in passing this Resolution, and I can assure you it adds very much to its value that in a meeting like this, which is in no sense a party meeting, it should have been unanimous. (Cheers.) I think I may take that as the acknowledgment of which I am proudest, that my action has commended itself to you. (Cheers.) There is only one thing that I would venture to urge upon my friends, and that is that they should not be careless about the poll on Wednesday. They should not be careless for two reasons. I have of course made myself many bitter enemies ("Hear, hear," and "We know you have"), many enemies perhaps in high places; many enemies belonging to the world of officialdom, who will not, I think, ever in the future remember my name with pleasure (laughter), but who are not unlikely by silent votes to remember my name and remember what I have done on Wednesday next. Therefore I ask you to leave no stone unturned to give me a majority (A voice: "You will have it"), and such a majority as will show—without prejudging a question which is under a certain form of trial—that in this ancient and central and important Borough of Westminster the motives with which I have acted are recognised, and the necessity for reform is felt. (Loud cheers.)

The result of the election was subsequently declared as follows:—

BURDETT-COUTTS	2,715
SMITH	439

CHAPTER XII.

REFORM.

THE title of this chapter sums up in a single word the whole motive and purpose of the effort already chronicled; while its key-note is to be found in a paragraph which I take from one of my earlier articles in the *Times* :—

“ When we consider that on these occasions we are
 “ dealing with the lives and injuries of brave men
 “ who have fought for their country, and on whose
 “ spirit in the future its safety and power depend, no
 “ effort can be too costly to convince them, and the
 “ people from whom they spring, that the highest skill
 “ and the largest comfort will always be applied to the
 “ relief of their sufferings in time of war. If the line
 “ between sickness and health is clearly drawn, it is
 “ foolish to talk about any amount of care for the
 “ former condition making a man ‘soft.’ Let the lot
 “ of the common soldier in health and on duty be
 “ ever so hard, when struck down by wounds or sick-
 “ ness, humanity, gratitude, and policy all demand
 “ that his treatment should be of the best.”

The suggestions of reform which follow are mainly confined to an adequate organisation for, and an improved practice in, the extra-ordinary conditions attending a serious war. Little attempt is here made to deal with the Royal Army Medical Corps in its normal aspects and functions in time of peace, although some of the grievances of its members which urgently

require relief, and some of the more fundamental evils which call for remedy, are briefly enumerated.

A somewhat close examination of the structure of the Corps, and the principles that underlie it, was undertaken in the articles above referred to, which also contain many of the suggestions about to be made. The former branch of criticism hardly finds a place in this book, which is mainly occupied with medical defects in war-time; but many of these latter are the practical outcome of errors and flaws of organisation, which can only be remedied at its fountain-head. Therefore most of the observations under the second section of this chapter have a more or less direct bearing on the question of permanent reform.

ORGANISATION AND PERSONNEL OF R.A.M.C.

Doctors.—The great desideratum is quality rather than quantity in this matter, always assuming that an organised system of civilian aid is applied to war-time. This subject should be handled by a few of the most enlightened members of the medical profession, independent of the Army Medical Department, with the assistance of two or three of the ablest younger officers of the R.A.M.C., men who are marked out by their known devotion to medical work, their professional ambition, and the success they have achieved in the management of hospitals in this war.

The chief grievances appear to be (1) Under-pay; (2) Over-pressure of work; (3) Want of any medical instruction after joining the Corps, and absence of any facilities for obtaining it; the ambitious ones having to pay for it out of their own pockets; (4) Too little leave.

There is no doubt that the Army Doctor has to work under conditions which make adequate scientific attainment almost impossible, and which debar a superior class of student from entering the service. Promotion by seniority and not scientific merit, and the absence of any competitive principle attending it, are methods of advancement which would be fatal to the medical profession at large and excite the ridicule of popular opinion. The whole subject has been treated at more length in one of the articles in the *Times*. It is not pursued here, because it belongs by right to the medical profession.

No final opinion is ventured on the vexed question of the Regimental Doctor, the practice having been abandoned for some time. If, however, preservation of the soldier's health is of equal importance to curing him when sick, the change has not been an improvement. The R.A.M.C. officer, who derives his status and dignity from membership of a Corps, has not the same interest or pride in the health of his unit, nor the same opportunities of continuous watchful attention to individuals, which gave a special significance to the position of the Regimental Doctor.

Nurses (see pp. 12, 50, 128, and "*Interview on Nursing*," Chapter XI.—The principle of female nursing, particularly of the sick, should be fully admitted, and a better scheme of careful selection and registration of nurses for war-time adopted. Each contingent of nurses should have a solidarity of its own, under an experienced matron.

A superior chief matron or Superintendent (or more than one if necessary) should be placed over each area

in a campaign, to whom all important matters concerning the discipline, dismissal, etc., of nurses should be referred, and whose decision should be final. She should be ubiquitous and watchful, constantly inspecting the hospitals, and bearing the same relation to the nurses as the chief P.M.O. does to the Officers of the R.A.M.C.

Orderlies.—The increase in the number of these depends largely on the acceptance or exclusion of female nursing, but in any case a vast improvement is needed in the present discipline and conduct of hospital orderlies.

The whole system of recruiting and training them must be revised. They should be better paid and drawn from a better class. Possibly men of five years' service in the ranks would make the best orderlies; but they must be offered a greater attraction than fourpence a day extra pay. The discipline and superintendence of the orderlies must be far more careful than at present. While there are many excellent men amongst them, great abuses have been disclosed amongst the orderlies in this war. In many hospitals at the front the selling of hospital stores by the orderlies to the patients has been a frequent practice, and robberies from the latter constant.

St. John's Orderlies.—These ought to have practical as well as theoretic training.

Untrained Orderlies.—The practice of using the ordinary private soldier as a hospital orderly, which has been largely resorted to in this war, should never be repeated. In a hospital ward he is worse than useless, while he has neither the inducements nor the *esprit de corps* which attach, or ought to attach, to the R.A.M.C.

orderly. It is a paradox to use the phrase "medical arrangements" in a hospital when the nursing, which is the most important part of them, is entrusted to men entirely ignorant of medical work (*see* p. 66).

Convalescents as Orderlies.—The practice of using convalescents as hospital orderlies is even more to be deprecated, as it involves two people instead of one in its detrimental results. I have explained the objections to it in the House of Commons and before the Commission (*see* pp. 67 and 168).

RESERVE AND AUXILIARY FORCES.

(*See* pages 68, 126.)

1. A carefully organised medical staff should form an integral part of the constitution and training of the Militia and Yeomanry forces, and possibly of the Volunteers. At present this element, where it exists at all, is in the most imperfect and unreliable form. The New South Wales Medical Contingent, which has done the finest service in the field, both as Bearer Company and Field Hospital, in this war, should be taken as a model. Its medical staff is composed of the most distinguished professional men in the colony, who practically give their services gratis for the purpose. They have definite periods of training and constant "field days" in ordinary times, and so are fully prepared for the call to service in a campaign. Their "non-coms." and orderlies are a splendid set of men. The discipline and efficiency of the Contingent is admirable.

REGISTRATION OF CIVILIAN DOCTORS.

Whether for the purposes of bringing the R.A.M.C. up to the strength required for a war, or of being pre-

pared with a complete scheme of the civilian hospitals such as is suggested below, a system of registration of carefully-selected civilian doctors willing to serve, possibly with a scale of retaining fees, should be instituted. In this war they have been hurriedly obtained by advertisement.

CIVILIAN AID IN WAR-TIME.

(*See pp. 11-13, 128, 185-7.*)

A complete acceptance of this principle in war-time, self-governing and independent of medical control by the R.A.M.C., will be essential to public economy and of unlimited benefit to the Army. This subject, like others in this chapter, has been discussed in detail in one of my former articles. It involves two postulates, both of which are logical and pertinent: (1) That the medical profession at large affords a better choice of medical and surgical ability of a high standard than is to be found in the ranks of the R.A.M.C. (2) That the military status of a soldier, once he enters a hospital, has nothing to do with his treatment as a patient; for the time being he ceases to be a soldier and becomes a sick man, demanding on every possible ground the best medical treatment and the most rapid restoration to health and efficiency.

I have argued elsewhere that the present mixed system of civilian doctors in military hospitals, endued with a temporary military rank which makes them subservient to R.A.M.C. officers, operates as a barrier to obtaining the services of the best civilian doctors in war-time. Moreover, it leads to jealousies and disputes, which produce confusion and inefficiency in the internal

economy of a hospital. For these reasons civilian aid in war-time should be provided with all possible opportunities of independent and self-directed co-operation.

The scheme that I suggest, and venture to urge for future requirements, involves the assistance in any hospital to which it is applied of a military officer who may be a member of the R.A.M.C., or of some new section to be created within it for men specially designated to this purpose, or even an officer of the Army Service Corps. In any case, the suggestions offered below in the note on "Dependence on other Departments" would apply to the management of such a hospital as is here outlined. For the purposes of clearness, however, I accept the existing system of interdependence between the three departments which are now concerned in the Army Medical arrangements.

One great advantage of the suggestion is that the *personnel* of the R.A.M.C., both doctors and trained nursing orderlies, would be set free to go up to the front. They should be employed in the field, field hospitals, and all hospitals at the advanced base until these are considered strategically secure. The latter should as soon as possible, or in proportion to the demand for doctors and nursing, for which there is not an adequate *personnel* of the R.A.M.C., be turned into civilian institutions on the following model, which in the first instance should be applied to the base.

CIVILIAN HOSPITALS IN WAR-TIME.

R.A.M.C. Officer.—His duties would be—to connect the hospital with the military authorities; to organise the *matériel* of the hospital, and such staff as is

needed outside of the wards; to be the link between the hospital, the Army Service Corps, and Ordnance Department; to carry out the requisitions of the civilian doctors; to make returns as to all these matters, military returns as to the soldiers, and collate and forward medical returns supplied from the wards by the civilian doctors; to maintain discipline in staff and patients; to control and manage all matters concerning the purely military status of the patients. If R.A.M.C. officers do professional work in the wards, they are to be under the civilian heads of the medical and surgical divisions.

Civilian Doctors.—Taking a General Hospital for 520 patients, an experienced and highly-qualified physician and surgeon (say at £2,500 per annum each) should be engaged to take charge of the medical and surgical divisions respectively, each having under him an adequate staff of civilian doctors and surgeons. The civilian doctors should have absolute control of all matters affecting the medical care and treatment of the patients.

Nurses.—A staff equal to the thorough nursing of the patients, and not (as now) confined merely to the superintendence of nursing by orderlies, should be attached to the hospital. They should be assisted by such orderlies only as are necessary for “heavy” work. The suggestions already made as to a carefully-selected matron in charge of the nurses would of course apply equally to such a hospital as this.

Orderlies.—With the last-named exception, these would only have to do the work outside the wards, and therefore need not be trained nursing orderlies.

It is stated that it takes at least three years to train an orderly to be an efficient nurse. To maintain permanently a sufficient number of these for war-time would be wasteful if not impossible.* If there is an excess of trained nursing orderlies on hand, they should be used in the surgical, not the medical, division. For a special class of disease, which should be strictly isolated, nursing orderlies should be supplied.

The above system of civilian aid should be applied to all "General" Hospitals and in a modified form to as many "Stationary" Hospitals as possible; also to Hospital Ships.

Nearly all the Private Hospitals in this campaign supply models of the system, except that their initial organisation was impaired by the restrictions and red tape insisted on by the Army Medical Department. These arose from the obsolete prejudices and inherent objections of the Department to civilian assistance, which in some respects, such as female nursing, obstructed, if they did not impair, the efficiency of these admirable institutions. The best model of a large or "General" civilian hospital is the Yeomanry; of a smaller one with its own transport, which multiplied its efficiency ten-fold, is the Irish Hospital.

ORGANISATION AND PREVISION.

Organisation is a matter for the Principal Medical Officer of a campaign. For this duty a strong, resolute man should be chosen, who will lay his complete plan before the General commanding, with a clear statement of the minimum of transport under which he will accept

responsibility for his sick and wounded. Whether this was done in this war the writer cannot say. There certainly appeared to be a great want of local prevision and organisation; and a disposition to trust to a "hand-to-mouth" policy for supplying both *personnel* and equipment.

INITIATIVE.

This is a matter for the local P.M.O. or M.O.C., as the case may be. The absence of initiative which has been so apparent in this war may be due to the absence of authority to exercise it. If so, both the tradition and practice should be changed. In such matters as extemporising equipment, supplying patients with food, and employing native labour, there has been great room for initiative and energy in this campaign. The Medical Officer should be empowered to buy everything available and necessary for his patients. (See below under "Stationary Hospitals.")

DEPENDENCE ON OTHER DEPARTMENTS.

The Army Medical system should be given a greater solidarity of its own. At present it has responsibility without power; so far as stores are concerned, it possesses nothing but medicines; it depends for supplies and transport on the Army Service Corps, and for equipment on the Ordnance Department. This places it at the mercy of various extraneous officials who have no special interest in it and whose varying abilities and willingness become, to a large extent, the measure of medical efficiency and success. How far in a campaign the supply of ordinary food must be left to the A.S.C. is a matter for careful

consideration ; but certainly all special or medical food, upon which the proper treatment of sickness so largely depends, should be in the hands of the medical officers. Hospital equipment of all kinds, from tents down to hospital clothing, should also belong to them and be under their control. Their dependence on other departments for all these things, which concern solely the treatment and care of the sick, is not only illogical and artificial, but it involves an amount of red tape, obstruction, uncertainty, and delay fatal to the proper and effective management of a hospital. The whole system requires greater self-dependence, autonomy, and freedom.

RED TAPE.

An enormous and unnecessary amount of this obstructs and strangles the efficiency of the whole medical system, both as to supplies, equipment, medical requisites, and the treatment of patients. It should be reduced with a practised but resolute hand, and what then remains should be done by civilian clerks, who would learn the duties in a couple of days. For work like this to require men to be trained to military life, form part of the permanent establishment, draw pay for years, and be entitled to pensions for the rest of their lives, is one of the minor but significant illustrations of the results of an excessive militarism in medical affairs. In a hospital where an Army Medical Officer undertakes medical duties all returns, etc., should be made out by another person specially assigned to the task. For a doctor to be compelled, after working all day in his wards, to spend half the night over blue paper forms and intricate figures is both stupid and cruel.

OVER-CONCENTRATION OF PATIENTS.

No General Hospital should be made to accommodate more than its normal number of 520. It is a question whether that number is not too large to be gathered in one set of tents. In the writer's opinion, two or three separate hospitals of 200 beds each—the limit of a Stationary Hospital, divided into medical and surgical divisions—would be preferable to one General Hospital. The treatment of the patients, both medical and nursing, would be brought under far more effective control and supervision. At Bloemfontein the two General Hospitals contained at one time respectively 1,700 and 2,000 patients. If, as is claimed, they were properly accommodated and attended to, that might as well have been done in separate and smaller hospitals. At Cape Town, where it was easily avoidable, the same fault occurred. Nos. 1 and 2 "General," on the same site at Wynberg, at one time held the enormous total of 2,500 patients. Many of these, it is true, were convalescents; but that did not make things better for the sick—or for the convalescents. Whether it arose from deficiency of staff or bad management, such a wholesale jumble of 2,500 sick men together on one spot should never be allowed to occur again. In a future war we are hardly likely to have such a favourable base as Cape Town, with its magnificent environs and its unlimited supplies.

CONVALESCENT CAMPS OR HOMES.

(See p. 170.)

These should be established from the first, so as to relieve the hospitals, which are equipped and staffed

for serious cases, of a large number of convalescents who require very little medical attendance and no nursing. The present system is economically bad and wasteful.

The food for convalescents, which in this war has been largely confined to ordinary rations, bully beef and biscuits for men recovering from enteric, should be more nourishing, varied, and plentiful. Even at Cape Town there were great deficiencies in this respect, due apparently to no other cause than carelessness and mismanagement. The great object, with a sick man, is to turn him into a convalescent; and with a convalescent, to get him fit to return to duty. The latter stage, throughout this campaign, has been miserably neglected, with the result of a great depletion of the effective strength of our fighting force.

HOSPITAL PROVISION AT THE FRONT.

Locality; Moving Patients; Transport.—Where there is an advanced base the question of evacuating patients to the real base must be largely governed by local conditions of climate, facilities of transport, accommodation on the spot, and many other considerations for which no rule can be laid down. Moving seriously ill or wounded patients cannot be an advantage to them, and in South Africa the climate up-country was infinitely more healthy than that at Cape Town. The high districts to the south of De Aar would have formed an admirable locality for hospitals, such as the Yeomanry, and to have stopped patients there and kept them till fit to return to duty would have been better for them and a relief to the railway.

A great lesson is to be learnt from this war. The provision of 10 per cent. hospital accommodation for the whole force under arms is a minimum; but this is ineffective unless it is on the spot where it is required. A 10 per cent. hospital accommodation for the troops at, or within easy reach of, Bloemfontein would have covered the abnormal pressure of the epidemic. Even if the rail transport is easy and ample, the moving of patients should be avoided as far as possible. In this war the transport was insufficient, and the arrangements for moving patients (*see* "Convoys") of the worst description. The transport difficulty of course affects the getting up of hospital equipment to the front; but a greater amount of energy and initiative might have been displayed in the provision of hospitals at Bloemfontein.

Reserves at the Rail-head.—A vast reserve of hospital equipment might have been got up to De Aar, the rail-head, there being little pressure on the railway for the first four months of the war. All that time was lost, and when the need came everything had to be brought by rail all the way from the base. In future all possible hospital equipment should be pushed up as far as it safely can be.

Personnel at the Front.—There was a lamentable deficiency of *personnel* at the front. I never could see the slightest reason why this should have occurred if there were sufficient doctors, nurses, and orderlies in the country. All these could have come up by rail, or by rail and road, to Bloemfontein, a few days after the troops arrived there. If the food difficulty is advanced, my answer is that it is better

to put men on half-rations for a few days than to let them die for want of attention.

The same remark applies to Kroonstad. No one who saw the crowd of nondescript followers that attended the troops on that march would deny that they might easily have included a dozen doctors, and fifty or a hundred orderlies, who would have at once set about organising hospitals in the town, and would have been ready to receive and properly care for the patients evacuated from the field hospitals.

Granting that an adequate *personnel* and equipment were sent out from home, which is certainly a large assumption, the two preceding questions come under the head of mismanagement, improvidence, and want of organisation at the seat of war. Whether they are to be referred to medical or military policy, or to an absence of considerate co-operation between the two, is not a question for the writer to decide.

COMMANDEERING.

This is a question of policy which a layman must handle carefully. The writer holds the opinion that the question of human life is supreme, and that commandeering of every available requisite for the sick and wounded, whether houses, equipment, or supplies, is not only legitimate but imperative.

A STATIONARY HOSPITAL SYSTEM.

A thorough reorganisation and improvement of this is needed, with more *personnel* and with light equipment of a new and suitable design, which should be

carefully studied, to put into buildings and houses on the Lines of Communications, and at the advanced base. If tents have to be used, they should be chosen with a view to lightness combined with efficiency.

Where an army has a pre-defined route of advance, a thorough system of stationary hospitals should be established along the rail. Every available building should be taken for the purpose. In such a matter the initiative and resource of the medical officer plays an important part. If he does not possess these qualities the best system will be rendered unavailing.

On the other hand, it is unjust to blame a man for want of initiative if he has no power to exercise it, and it would appear that the medical officer is now left with inadequate authority to act on his own responsibility or to utilise his own energies and resource. The evil is not so apparent at the base or in large centres where the complex military machine, of which the medical portion forms only one wheel, is working in all its parts as an effective whole. But when the medical officer becomes isolated at the front or on the Lines of Communications, with his embryo hospital on his hands, he should be given all such powers of purchasing and commandeering as are necessary to its rapid organisation and continued maintenance. Whether the absence of a good Stationary Hospital system was due to want of judgment or of initiative or of local authority, its results have been painfully evident in this war.

SANITARY PRECAUTIONS.

These should form an important feature both in the policy and local conduct of medical arrangements. I

am in favour of an experienced sanitary officer to direct the one and inspect and regulate the other. The *matériel* necessary for the sanitation of hospitals is a matter for medical advice. The recommendations of the Crimean Commission have been totally neglected in this matter, and great evils have flowed from the absence of effective sanitary control and direction in pitching camps which were to have some permanence, and in choosing the sites of hospitals. No Sanitary Consultant would have permitted the enlargement of Woodstock into a base hospital, the refuse heap at Wynberg, the camping of the 2nd Worcesters at Bloemfontein on the foul ground of a Paardeberg regiment, or the dirt, squalor, and horrible latrines at Newton Camp. Nor would a Sanitary Inspector have allowed the carelessness and neglect with regard to utensils in hospital tents which was of frequent occurrence at a distance from the base.

HOSPITAL TRANSPORT.

As far as possible, field hospitals should have their own transport. The New South Wales Medical Contingent, and the Irish Hospital, have been multiplied ten-fold in efficiency by possessing their own transport. The hardy mountain-bred horses brought by the former, and the mules of the latter from the north of Ireland stood a wonderful amount of work. The Indian tongas (*see* below) were similarly equipped by their donor. (*See* pp. 125, 190.)

HOSPITAL EQUIPMENT.

Tents.—The present model (marquees) is obsolete, and whenever difficulties of transport occur reduces the

accommodation by one-half. The superiority of the "tortoise" tents was well known to the Department at home, and the difficulties of transport should also have been known. Yet they went on supplying nothing but the heavy marquee all through the campaign. In future wars the question of lightness, combined with efficiency, should be kept in view. (*See pp. 70, 179, 221.*)

Beds.—The lightest possible should be provided for all except base hospitals. Extemporised beds of various kinds, according to the materials likely to be available, should be a matter for careful consideration. In all "General" hospitals, stationary hospitals, and field hospitals used as stationary ones, the patients should be raised from the ground. Beds should be vigorously commandeered from the inhabitants. (*See pp. 165–6, 222.*)

Blankets, linen, hospital clothing, &c.—The last remark applies also to this. Every effort should be made to get up hospital clothing. At Bloemfontein thousands of enteric patients lay in their khaki for weeks, caked in dirt.

CONVOYS.

Every convoy of sick and wounded, whether moving by rail or road, should be accompanied by a doctor and trained orderlies. With regard to the latter, it seemed a strange thing that hale men, trained to military life, should be employed in the "office" or the ward of a hospital at Cape Town on work which might have been as well done by nurses and civilian clerks, easily obtainable on the spot, while convoys on the veldt and railway should have little or no attendance.

The feeding of convoys has been even worse than the attendance. Both on veldt and rail there seems to have been no attempt to provide anything but bully beef and biscuits for enteric and dysenteric patients. The long journey from Bloemfontein to Cape Town (three, and often four, days) was, with the exception of one or two military stations, only relieved by the generosity and attention of the local inhabitants in supplying properly prepared food, hot tea and broth, and other kinds of suitable nourishment. The absence of an atom of initiative and a portable cooking pot, must have led to innumerable dangerous relapses throughout the campaign. Further comments on this matter will be found in Chapter IX. (pp. 181-2).

The training of orderlies should not be confined to "tent-pitching drill," or filling in columns of diseases, or instruction in women's work. They should be taught—what the sailor learns by instinct—to be handy, inventive, resourceful; and in future wars the orderlies best known for those qualities should be attached to convoys, and encouraged to use both their brains and their hands. The duty of an orderly with a convoy is not confined to carrying the "list."

AMBULANCES.

The present model combines the heaviest construction and the smallest accommodation with the largest possible amount of suffering to the patient. New inventions should be invited from all countries, particularly from the United States, where lightness of construction combined with resistance to strain is specially studied in all vehicles. No verdict should be given until

the vehicle has been a year at work in a rough country.

If a Colony gave us the best specimen of field service to the wounded in this war, India supplied a unique and most useful vehicle. The little "galloping tongas," horsed with a pair of hardy ponies, presented complete by a native gentleman, Mr. Dhanjibhoy, were of the greatest service everywhere.

SUBJECT INDEX.

Ambulances, 248-9

“*Article IX*” (Chap. II.)

Statements admitted by Mr. Wyndham, 46

Articles to the “Times”

The missing articles, 39

The series, 6, 30, 220

Bloemfontein

Absent criticism on medical arrangements, 50

Deficiency of equipment avoidable, 63, 65

Deficiency of *personnel* avoidable, 63

Field hospitals, 15, 25, 26, 28, 59-60, 160

General Hospitals at

Four imaginary ones, 49, 162

“No. 9,” 66, 172-4

Nos. 8 and 9, numbers in, 65

One without equipment, 65, 161

Houses and buildings available, 62, 159-60

Numbers of sick at, 171

Nurses at, 57-8, 203

Serious cases left in field hospitals, 167

The railway platform, a bad case, 74

Town hospitals, 15, 42, 57, 158, 167

Transport to (*see* under “Transport” below)

Volks Hospital, enteric percentages, 5, 50, 183

Boers

Artillery practice, 38

Mobility of, 36

Cape Town

Woodstock, 9, 78

Nos. 1, 2, and 3 “General” Hospitals, 10

Nos. 1 and 2 combined with only one staff, 76

Maitland Convalescent Home, 76

Maitland Stationary Hospital (Mackenzie’s Farm), 77

Treatment of Colonials at, 144-5

- Civilian Aid* (see "Reform," Chap. XII.), 11-13, 128, 185
 Civilian Doctors, Registration of, 234-5
 Employment of same in war-time, 235-6
 Civilian Hospitals, 236-7
 Economic results, 13

Claim to Perfection

- A solecism, 226
 Perfection before pressure, flaws in, 21, 23
 Reform Club banquet, 19, 20, 27, 227

Classification of patients, 66, 173

Colonial complaints, 98, 144

Commandeering, 62 159-60, 244

COMMISSION, THE, HISTORY OF

The Committee of Three, Debate July 5, 97-107

- Announcement of names, 97
 Objection to the Army Examiner, 97, 109, 110, 118
 Motion for adjournment, 99
 Speech: the Crimean precedent; a personal claim; a suggestion, 100-3
 Two more members suggested, 103
 Mr. Balfour, refuses suggestion, 104
 Mr. Balfour accepts suggestion, 107

Objection to the Army Examiner. Questions, 109-11
 Letters to the Press, 110-11

The Commission of Five, July 17

- Announcement of the two new names, 112
 Attempted motion for adjournment, 112-14
 Discussion refused, illogical position, 115

Letter to the public Press; Powers of Commission, 116-20

A Royal Commission—no compulsory powers, 121

Reference defined, 121

Departure for South Africa, patients in England to be examined on return, 131

Return of Commission, Sitings closed—see Preface.

Evidence before

- No patients heard in England, 131. See also Preface.
 Not fairly reported, 196
 The writer's evidence, chap. ix., 156-91

Experience of War, 118

COMMISSION, THE, HISTORY OF (*continued*)

Powers of

- Appeal for discussion on, 98
- Comments on, 131-2, 136, 138, 215
- Letter to the papers on, 116-20
- No discussion allowed, 135
- Questions on, 121
- Three methods of obtaining powers, 132-3, 149

Precedents, 101, 148

Protection of witnesses, 121, 137, 143

Reference, 131

Respectful reserve maintained toward, 95, 207-9

Breaches of, 95-7

Unable to test condition of hospitals, 118

COMMONS, HOUSE OF, HISTORY OF THE QUESTION IN

June 26 ... Notice to Mr. Wyndham, 40

June 28 ... Questions on disclosures, 41-2

June 29 ... Debate on the disclosures, 43-90

A difficult position, 43, 53

A point of etiquette, 44, 61

Mr. Wyndham's speech : Suppressed answers to same, 45-52

* Speech : in continuation of Article ix., 54-81

Sir Walter Foster, 82

Mr. Lloyd George, 84

Mr. Balfour's speech : Change of attitude ; Lord Roberts, a false issue, 83-8

The vortex of Party, 88

Sir H. Campbell-Bannerman ; the mysterious telegrams, 89

No promise of reform, results to the party, 91-2

July 5 ... The Committee, Announcement of, 97

„ „ ... No connection with Army Medical Department, 97

„ „ ... Colonial discontent, 98

„ „ ... Debate on the Committee of Thre 95-107

The adjournment, 99

A curious trial, 99

Speech : The Crimean precedent ; personal claim ; a suggestion, 100-103

Mr. Balfour refuses to enlarge the Committee, 104

“ Cheap sarcasms,” 106

A critical moment, 106

Mr. Balfour agrees to enlarge the Committee, 107

COMMONS, HOUSE OF, QUESTION IN (*continued*)

- July 5 ... Objections to the Army Examiner, 97, 109
 „ 17 ... Announcement of the two new names, 112
 „ „ ... Attempted motion for adjournment, 112-14
 „ „ ... No discussion allowed on new matter, or powers, 115
 July 20 ... Questions on gagging civilian doctors, 120-1
 July 24 ... Questions on obtaining evidence, “an unmerited insult,” 122-3
 July 27 ... Debate on Estimates. A calmer atmosphere; speech on reform, 123-9
 „ „ ... Still no clear promise of reform, 129
 Aug. 6 ... Debate on powers of Commission, 130-55
 Reasons, no debate on the subject, 131
 The Appropriation Bill, 133
 The scene in the House, 134, 155
 Speech: The necessity for full powers; evidence that will not be obtained; insults—sham and real; evidence of Colonials; a bad case at Cape Town; the green tree and the dry; a gentle appeal, 135-46 *
 Mr. Balfour’s reply, with a few observations on it, 147-54
 No friends, 155
 The House of Commons the arena for public questions, 208
 „ „ ... Reference to the Commission, Mr. Balfour’s definition of, 131

Constituents

Letter to, 3

Convalescents

- Convalescent camps needed, 170, 241-2
 A bad case, 73
 Convalescent Home at Maitland, 76
 No doctors, 77

Convoys

- Convoys without attendants, 72, 180-2, 247
 Enterics fed on bully beef, 49, 180-2, 248
 Hospital trains insufficient, 49
 In ox-waggon, 19
 Moving patients when unfit, 29, 69, 242

Corroboration

- Campbell-Bannerman, Sir H., 103
- C.I.V., A, 83
- Mysterious telegrams, The, 89
- New Zealand Government, 98
- Ralph, Mr. Julian, 51
- Reasons for excluding, *see* Preface
- Wyndham, Mr., admission, 46

Criticism

- Considerate reserve in, 9, 16-17
- Impartiality of, 7, 8, 52, 58, 163, 220
- Month's delay in, its consequences, 32
- Object of writer in, remedial not punitive, 105
- Practical nature of, 220-2
- Precipitancy in, 32, 228
- Qualifications of writer for, 5, 58, 169
- Results of (*see also* "Immediate Results" below)

Delirious patients wandering out, 61

Enteric (see "Percentages")

- The known scourge, 23
- Causes of epidemic, 188-90
- Normal hospital provision would have covered epidemic, 189

Evidence (see "Commission" above)

- Additional, in writer's hands, *see* Preface, 196
- Difficulties of obtaining, 117
- Gagging civilian doctors, 119-21
- Local evidence of imperfections, none when Commission arrives, 118
- Real Evidence, The, 81
- Reporting of, imperfect, 157, 196
- Results on, of so-called attack on Lord Roberts, 91
- Soldiers' reluctance, 79, 86, 140, 150
- War correspondents, 51, 79, 84
- Witnesses who will not speak
 - Officials, 139
 - Officers, 139
 - Private soldiers, 140, 150
 - Army doctors, 141
 - Nurses and civilian doctors, 141-2

Field Hospital

- Conversion into stationary hospital, 25, 59
- Equipment of, 25
- Staff, a depleted, 175
- Staff of, 26

General Hospitals

- The staff of, 11, 28
- Capacity of, 65, 172
- Should be made Civilian, 128, 186, 236-8
- At the Base
 - Nos. 1, 2, and 3 "General," 10
 - Nos. 1 and 2 combined, with only staff of No. 1, 76
 - Woodstock, 9, 157
- At Bloemfontein
 - Four imaginary ones, 49
 - Nos. 8 and 9, *see* "Bloemfontein" (above)

Headquarters

- Attitude to the mission, 5, 193
- Kitchener, Lord, 193, 223
- Roberts, Lord, Letters to, 5, 193
- Wolseley, Lord, Telegram to, 31

Hospital equipment

- Beds
 - Deficiency of, 26, 70, 163
 - Extemporised, 165-6, 222, 247
- Hospital clothing, blankets, etc., Deficiency of, 27, 247
- Own transport, 125
- Patients on the ground, 19, 25-6
- Stretchers, 26, 162
- Tents
 - Bell-tents, 26, 60
 - Deficiency of, 70
 - "Tortoise" *versus* Marquees, 70, 179, 221, 246-7

Hospital provision

- A danger unprovided for, 178
- A fatal document, 48
- Deficiency of, 14, 225
- Four imaginary general hospitals, 49
- Lessons of former wars, 22, 23
- Mismanagement in South Africa, 75, 80, 104, 238

Hospital Provision (continued).

- No concentration at rail head, De Aar, 72, 243
- Normal provision would have covered the epidemic, 189, 243
- 10 per cent. *seriatim*, 47, 75, 187, 243
- 20,000 sick and wounded, 23, 171-2

Immediate Result of Article IX. and Debate

See Preface, 31-3, 223-4, 225

Incidents in the Field, pp. 34-9*Indian galloping tonga*, 246, 249*Kitchener, Lord*, 193, 223*Kroonstad* (pp. 70-3)

- Deficiency of *personnel* avoidable, 70, 175, 244
- „ equipment, 70-1, 175
- A brigade without a field hospital, 175
- Want of prevision, 176
- The sick trail to, 179

Letters of the Writer to the Press (dates of publication)

1. July 5. Side Issues, 92-94
2. „ 12. The Army Examiner, 110-11
3. „ 20. Powers of the Commission, 116-20
4. Sept. 20. The Press Censor, 195
5. Oct. 1. (The *Times*) Horses, 198

Magical Transformation Scene. Preface, 31-3, 223-4*Military exigencies*

- Hospital deficiency not referable to, 29
- Not identical with Executive incompetence, 217
- Superior to humanity, 220-1

New South Wales Medical Contingent, 68, 126, 234*Nurses* (see Chap. XII., and “Interview,” Chap. XI.)

- Army Nursing Reserve, 12
- Deficiency of, at Bloemfontein, 174
- Objections of R.A.M.C. to, 128, 232
- Results of good female nursing, 50
- Suggestions for, 232, 237
- Tent accommodation for, 164

Orderlies

- Convalescents as, 67, 168, 234
- Deficiency of, 19, 28, 61, 126-7, 233, 237
- Inefficiency of, 7, 247-8
- St. John's Orderlies, 233
- Untrained privates as, 66, 233

Overcrowding, 26, 28, 59-60

- A question of numbers, 162
- Excessive concentration in general hospitals, 172, 241

Party spirit in Hospitals Question

- Hope of avoiding, 41
- Insignificance of, 43
- Effect of over-zealous defence on, 46, 90
- Mr. Lloyd George, 84
- Mr. Balfour's effect on, 84
- Raised by a false issue, 88
- The vortex of Party, 88
- Result, the Opposition become the champions of Reform, 91
- Failure of, in Westminster, 209, 229.

Percentages of Enteric Mortality

- Comparison between private and military hospitals, 183-5
- In field hospitals, 183
- Volks Hospital, 5, 183

Press Censor

- Attitude towards the writer, 5, 192-5
- Dual character of, 89
- Influence of, 2, 124

Private Hospitals in the War

- Bloemfontein, at, 58
- Example for the State, 12, 238
- Irish Hospital, The, 125, 201
- Nurses in, objected to, 58
- Yeomanry Hospital at Deelfontein, 77, 200

Red Tape (see Royal Army Medical Corps, below)*Royal Army Medical Corps (R.A.M.C.)*

- Appreciation of, 7, 28, 56, 163
- Bad system, A, 7, 231-2

Royal Army Medical Corps (R.A.M.C.) (continued).

- Co-ordination of its demands, 48
- Deficiency of *personnel*, 242-3
 - Medical officers, 13, 126
- Dependence of, on other Departments, 239
- Grievances of, 231-2
- Initiative, want of, 244-5
- No attack on, 93, 219
- Orderlies (*see* Index)
- Personal courage, no test of medical arrangements, 21
- Red tape in, 48, 203, 240
- Regimental Doctor, The, 232
- Reserve and Auxiliary Forces, 234

Reform (see Chap. XII. and Preface)

- No promise of: results, 91, 92, 129
- Necessity for, 216-17
- The object of publication, 225
- "The only way," 228

Roberts, Lord

- Tribute to, 55
- Letters to, 55, 227
- Imaginary attack on, 87, 88, 217
 - Its results, 91

Sanitary precautions

- Examples, 46
- Necessity for, 245-6
- Sir Walter Foster's proposal, 82

*Scouting, by Colonials, 35**Speeches (of the Writer)*

- House of Commons, June 29. Continuation of Article IX., 54-81
 - July 5. The Committee of Three, 95-107
 - ,, 27. Reform, 123-9
 - Aug. 6. Powers of Commission, 130-55
- Interview on Nursing, 199-205
- Westminster Speech, 208-29

Stationary Hospitals

- A bad Stationary Hospital at the base, 77
- An extemporised one, 69
- Want of a proper system of, 71, 72, 172, 176, 244

Transport

- (Bloemfontein)
 - Capacity of rail transport to, 63
 - The accumulation period, 49, 51
 - Trekking by road to, 51
- Capacity of field transport, 71
- Co-ordination of demands on, 48
- None for medical *personnel*, 177
- Own transport for R.A.M.C., 125, 190, 246
- Policy of, 80

War Correspondents

- Not concerned with hospitals, 2, 84, 86
- Mr. Julian Ralph, 51

*War, Justification of the, 210-11**Wolseley, Lord*

- Telegram to, 31

Wounded in the Field, Treatment of

- No opportunity of seeing, 35-9, 67
- A disaster, no aid, 68
- New South Wales Ambulance, 68, 126, 234
- A brigade without a field hospital, 175

Writer, Attacks on the

- Mr. Balfour *re* Correspondents, 84
- „ „ Soldiers reluctance to give evidence, 85, 86
- „ „ Lord Roberts, 87, 217
- „ „ Criticising “a state of things,” 104-5
- „ „ “Cheap sarcasms,” 106
- The Press Censor, 194-6
- Black beetles, 197-9
- Opposition in Westminster, 209
- Patriotism, answer, 212-13
- Party loyalty, answer, 214-16
- re* R.A.M.C., 93, 219

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